

BIRTH REGISTRATION INSTRUCTIONS

*******IMPORTANT*******

PLEASE READ BEFORE BEGINNING

- Complete each page, answering every question and signing where required.
- Print clearly for accurate processing.
- Birth Registry staff will collect these completed forms the day after delivery from your post-partum room.
- After collection we will be processing and presenting to you a Parent Notice for review and signature confirming accuracy.
- This **MUST** be done by at least the day before discharge.
- The Parent Notice is maintained as a medical record.

The Birth Certificate May be obtained from your Town Hall/Vital Record Office. There is a fee of \$20.00 and valid photo ID from mother or father is required.

- If you are not legally married to the biological father of your child an "Acknowledgement of Paternity" is required.
- The Acknowledgement of Paternity will be presented to you when we visit to collect your completed Birth Registry application.
- If the intention is to complete the Acknowledgement of Paternity with Birth Registry staff while inpatient, please include his information on the Birth Registry application.
- Father must be present and have a valid government issued photo ID to sign an Acknowledgment of Paternity.
- YNHH/York Street will put your completed Birth Registry paperwork on "hold" status for up to 7 days after delivery if necessary.

If there are questions or concerns contact us @ 203-688-2308. Please leave a message should we not be available.

MOTHER'S MEDICAL RECORD #	CHILD'S MEDICAL RECORD #
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MOTHER'S NAME:

Rev 1/2016

**STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH**



MOTHER'S WORKSHEET FOR CHILD BIRTH CERTIFICATE (v2003)

Adapted by CT DPH from the NVSS Mother's Worksheet for the 2003 Live Birth Certificate

The information you provide below will be used to create your child's birth certificate. The birth certificate is a document that will be used for legal purposes to prove your child's age, citizenship and parentage. This document will be used by your child throughout his/her life. State laws provide protection against the unauthorized release of identifying information from the birth certificates to ensure the confidentiality of the parents and their child.

It is very important that you provide complete and accurate information to all of the questions. In addition to information used for legal purposes, other information from the birth certificate is used by health and medical researchers to study and improve the health of mothers and newborn infants. Items such as parent's education, race, and smoking will be used for studies but will not appear on copies of the birth certificate issued to you or your child.

**PARENTS – THIS FORM IS NOT TO BE TAKEN HOME.
PLEASE PROVIDE TO YOUR HOSPITAL'S BIRTH REGISTRAR BEFORE DISCHARGE.**

CHILD'S INFORMATION

1a. Child's legal name (as it should appear on the birth certificate) Child's name not yet chosen

FirstMiddleLastGenerational ID

Date of birth of this child

__ / __ / ____

Month Day Year

Sex of this child

- Male
- Female
- Undetermined

Plurality of this birth

Include all infants delivered (alive or dead) in this pregnancy when determining plurality and birth order.

- Singleton
- Twins
- Triplets
- Quadruplets
- Other _____

Birth Order of this child

If a multiple birth, circle the birth order of the child named above.

- 1st born
- 2nd born
- 3rd born
- 4th born
- Other _____

INFORMATION ON MOTHER

2a. Mother's current legal name

FirstMiddleLastGenerational ID

2b. Mother's name prior to her first marriage (Maiden name; Last name given at birth or on Birth Certificate)

SAME AS CURRENT LEGAL NAME

FirstMiddleLastGenerational ID

2c. Mother's date of birth ___ / ___ / ___ Month Day Year	2d. Mother's Place of Birth U.S. State _____ U.S. territory _____ (i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas) Foreign country _____ If CANADA, provide province _____
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2e. Were you married to the biological father at the time you conceived this child, at the time of birth, or at any time between conception and giving birth?

Yes

No *If no, has a paternity acknowledgment been completed? (That is, have you and the biological father signed a State of Connecticut Acknowledgment of Paternity form in which the father accepted legal responsibility for the child?)*

Yes, a paternity acknowledgment has been completed.

No, a paternity acknowledgment has not been completed. *Information about the biological father cannot be included on the birth certificate. Information about the procedures for adding the father's information to the Birth Certificate after it has been filed can be obtained from the State Vital Records Office.*

2f. Mother's Residence:
Provide the actual street location and the official name of the town/city where your residence is located. For example, the location for paying taxes, voting, etc., but not necessarily used for mailing address.

House Number _____ Street (Do not enter PO Boxes or Rural Route numbers) _____ Apt / Unit _____

City/Town _____ State _____ ZIP code _____

County: _____ If not United States, *country* _____

Is the residence inside city limits? (Non-CT residents only) Yes No Don't know

How long has the Mother lived at the current residence reported above? Years Months

2g. Address where mail is received: Same as residence address above

House Number _____ Street, Rural Route, P.O. Box _____ Apt / Unit _____

City/Town _____ State _____ ZIP code _____

County: _____ If not United States, *country* _____

3a. Mother's Spoken Language (check all that apply):

<input type="checkbox"/> American sign language (ASL)	<input type="checkbox"/> Gujarathi	<input type="checkbox"/> Russian
<input type="checkbox"/> Armenian	<input type="checkbox"/> Khmer	<input type="checkbox"/> Serbo-Croatian
<input type="checkbox"/> Chinese, Cantonese	<input type="checkbox"/> Korean	<input type="checkbox"/> Spanish
<input type="checkbox"/> Chinese, Mandarin	<input type="checkbox"/> Laotian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> English	<input type="checkbox"/> Persian	<input type="checkbox"/> Other Language –specify: _____
<input type="checkbox"/> French (including Cajun, Patois)	<input type="checkbox"/> Polish	
<input type="checkbox"/> French Creole (for example, Haitian)	<input type="checkbox"/> Portuguese	

Race and Hispanic Ethnicity: Race and ethnicity are self-identification data items in which respondents choose the race or races with which they most closely identify and indicate whether or not they are of **Hispanic, Latino/a, or Spanish** origin. Race and ethnicity are considered separate and distinct identities.

Please complete both items.

Definition of Hispanic, Latino/a, or Spanish Origin:

Hispanic origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be any race.

- **"Hispanic, Latino/a, or Spanish origin"** refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin – *regardless of race*.

3b. Is the Mother Spanish/Hispanic/Latina?

- No, not Spanish/Hispanic/Latina
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latina:

_____ (e.g. Spaniard, Salvadoran, Dominican, Columbian)

Definition of Race Categories:

A person may indicate self-identification with two or more races by selecting multiple race categories.

- **"White"** refers to a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race(s) as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.
- **"Black or African American"** refers to a person having origins in any of the Black racial groups of Africa. It includes people who indicate their race(s) as "Black, African American, or Negro"; or report entries such as African American, Kenyan, Nigerian, or Haitian.
- **"American Indian and Alaska Native"** refers to a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **"Asian"** refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **"Native Hawaiian and Other Pacific Islander"** refers to a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

3c. Mother's Race: Please check one or more races to indicate what she considers herself to be.

- White
- Black or African American
- American Indian or Alaska Native:

_____ (name of enrolled or principal tribe)

Asian

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian:

_____ (e.g., Thai, Cambodian, Malaysian)

Pacific Islander

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander:

- Other Race:

4a. Mother's Social Security Number:

Furnishing parent Social Security Numbers (SSNs) is required by Federal Law, 42 USC 405(c) (section 205(c) of the Social Security Act). The numbers will be made available to the Connecticut Department of Social Services to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.

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I DO NOT HAVE A SOCIAL SECURITY NUMBER

4b. Mother's occupation:

4c. Mother's business/industry:

4d. Highest level of schooling the Mother has completed at time of delivery:

Check the box that best describes her education. If currently enrolled, check the box that indicates the previous grade or highest degree received.

- 8th grade or less
- 9th-12th grade, no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate degree (e.g. AA, AS) [Technical school?]
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- Doctorate or Professional degree (e.g. PhD, EdD, MD, LLB)

4e. Did the Mother receive WIC (Women's, Infant & Children) food for herself because she was pregnant with this child?

- Yes
- No
- Don't know

4f. Did the Mother smoke just before or during this pregnancy? (Do not include e-cigarettes or vaping cigarettes)

- Yes, I smoked during the three months before I became pregnant and/or while I was pregnant.

For the three months before pregnancy, on an average day I smoked: _____cigs or _____ packs.

During the first 3 months of pregnancy, on an average day I smoked: _____cigs or _____ packs.

During the second 3 months of pregnancy, on an average day I smoked: _____cigs or _____ packs.

During the last 3 months of pregnancy, on an average day I smoked: _____cigs or _____ packs.

- No, I did not smoke during the three months before I became pregnant or while I was pregnant.

4g. Did the Mother use alcohol regularly during this pregnancy? If so, how many drinks did she consume in *an average week*?

- No, I did not drink regularly during this pregnancy.
- Yes, I drank _____ drinks in *an average week* during this pregnancy.

4h. Mother's height:

_____ feet _____ inches

4i. Mother's weight immediately before she became pregnant with this child:

Pre-pregnancy weight was _____ pounds

INFORMATION ON FATHER

Fill in the Father's information ONLY if the parents are legally married to each other or if both parents have signed the VS-56 "ACKNOWLEDGEMENT OF PATERNITY" form.

5a. Father's current legal name:

FirstMiddleLastGenerational ID

5b. Father's name prior to first marriage (Last name given at birth or on Birth Certificate)

SAME AS CURRENT LEGAL NAME

FirstMiddleLastGenerational ID

5c. Father's date of birth:

__ / __ / ____

MonthDayYear

5d. Father's Place of Birth:

U.S. State _____

U.S. territory _____

(i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas)

Foreign country _____

If CANADA, provide province _____

6a. Father's spoken language:

American sign language (ASL)

Armenian

Chinese, Cantonese

Chinese, Mandarin

English

French (including Cajun, Patois)

French Creole (for example, Haitian)

Gujarathi

Khmer

Korean

Laotian

Persian

Polish

Portuguese

Russian

Serbo-Croatian

Spanish

Vietnamese

Other Language --specify:

Race and Hispanic Ethnicity: Race and ethnicity are self-identification data items in which respondents choose the race or races with which they most closely identify and indicate whether or not they are of **Hispanic, Latino/a, or Spanish** origin. Race and ethnicity are considered separate and distinct identities.

Please complete both items.

Definition of Hispanic, Latino/a, or Spanish Origin:

Hispanic origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be any race.

- "Hispanic, Latino/a, or Spanish origin" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin – *regardless of race.*

6b. Is the Father Spanish/Hispanic/Latino?

No, not Spanish/Hispanic/Latino

Yes, Mexican, Mexican American, Chicano

Yes, Puerto Rican

Yes, Cuban

Yes, other Spanish/Hispanic/Latina:

_____ (e.g. Spaniard, Salvadoran, Dominican, Columbian)

Definition of Race Categories:

- **"White"** refers to a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race(s) as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.
- **"Black or African American"** refers to a person having origins in any of the Black racial groups of Africa. It includes people who indicate their race(s) as "Black, African American, or Negro"; or report entries such as African American, Kenyan, Nigerian, or Haitian.
- **"American Indian and Alaska Native"** refers to a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **"Asian"** refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **"Native Hawaiian and Other Pacific Islander"** refers to a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

6c. Father's Race: Please check one or more races to indicate what he considers himself to be.

- White
- Black or African American
- American Indian or Alaska Native:

_____ (name of enrolled or principal tribe)

Asian

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian: _____

(e.g., Thai, Cambodian, Malaysian)

Pacific Islander

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander: _____

- Other Race: _____

7a. Father's Social Security Number:

Furnishing parent Social Security Numbers (SSNs) is required by Federal Law, 42 USC 405(c) (section 205(c) of the Social Security Act). The numbers will be made available to the Connecticut Department of Social Services to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.

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I DO NOT HAVE A SOCIAL SECURITY NUMBER

7b. Father's occupation:

7c. Father's business/industry:

7d. Highest level of schooling the Father has completed at time of delivery: Check the box that best describes her education. If currently enrolled, check the box that indicates the previous grade or highest degree received.

- 8th grade or less
- 9th-12th grade, no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate degree (e.g. AA, AS) [Technical school?]
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, Meng, Med, MSW, MBA)
- Doctorate or Professional degree (e.g. PhD, EdD, MD, LLB)

IMMUNIZATION INFORMATION

This additional information is requested by the CT Immunization Registry and Tracking System which will keep track of your child's preschool immunizations. If you do not wish to participate, you must sign the refusal box on the separate CT Immunization Registry and Tracking System (CIRTS) enrollment form.

8a. Pediatrician Information:

Name of baby's doctor: _____
First Middle Last Generational ID

Name of doctor's practice: _____

Town of doctor/clinic: _____

8b. Emergency Contact Name: _____

Contact's Telephone #: _____

8c. Mother's Telephone # _____

INFORMANT INFORMATION

8d. Informant's Information:

Relationship to this child: Mother Father Other relative Hospital employee
 Other – specify _____

Full name of person providing information in this form:

First Middle Last Generational ID

Signature of Informant: _____ Date: _____

Please provide this completed worksheet to your hospital's Birth Registrar before discharge.

Connecticut Immunization Registry and Tracking System (CIRTS)

Connecticut Department of Public Health Immunization Program

410 Capitol Ave. MS 11 MUN Hartford, CT 06134-0308 Phone: 860-509-7929 Fax: 860-509-8370 Website: www.ct.gov/dph/immunizations

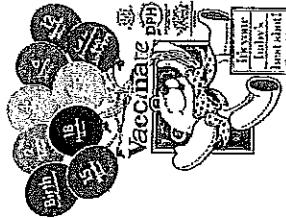
The Department of Public Health congratulates you on the birth of your baby!

CIRTS is a confidential, computerized information system that keeps track of your child's shots at no cost to you.

CIRTS can:

- Give you a permanent record of your child's shots;
- Let your doctor know if your child has missed a shot;
- Give you a back-up shot record if your child's records are destroyed, if you change clinics, or if the clinic closes;
- Give your doctor the health forms needed for daycare, school, camp or college.

For more information, please ask the nurse for a brochure.



THIS INFORMATION WILL BE KEPT CONFIDENTIAL

According to regulation s19a-7h-4 of the CT General Statutes

Please fill out ALL fields if you live in and/or your baby's doctor is in Connecticut

Baby's Name _____ Date of Birth _____ / _____ / _____ Sex: Boy Girl
 (first) (middle) (last) month day year (please circle)

Mother's Name _____ Mother's Date of Birth _____ / _____ / _____
 (first) (maiden) (last) month day year

Address _____ Town _____ State _____ Zip Code _____

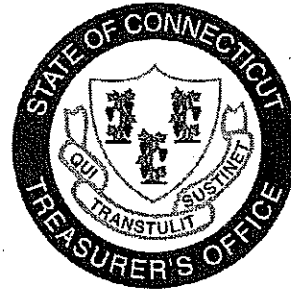
Home Phone # (_____) Cell Phone # (_____) Work Phone # (_____)

Name of Emergency Contact _____ Emergency Phone # (_____) BABY'S BIRTH Hospital _____

Name of BABY'S Doctor _____ Name of BABY'S Clinic/Practice _____ Town of Clinic _____

*Your child will be automatically enrolled if you live in Connecticut.

If you DO NOT want your child enrolled, you must send a signed written request to opt out of CIRTS.
 Please include your child's full name and date of birth. By opting out, your child's shot record will no longer be available in CIRTS.
Mail to: CIRTS, 410 Capitol Avenue MS 11 MUN, Hartford, CT 06134 or **Fax to:** 860-509-8370



January 2016

Congratulations on your new baby!

As trustee of the Connecticut Higher Education Trust (CHET) I am pleased to inform you about a current initiative called CHET Baby Scholars. To help families save for college, as long as funds remain available, the state will deposit the first \$100 when you open a CHET account. No minimum contribution from you is required. Then, if you contribute \$150, or save \$150 within the first four years, the state will give you an additional \$150!

How do you get started and earn up to \$250? If you are interested in receiving information about CHET, please complete the information at the bottom of this form. I urge you to check the box to get started and earn \$250 from CHET Baby Scholars.

If you agree to receive information from the program, CHET will send you a packet of information to help you open the account. All you have to do is fill out the application and send it in. Or you can go to www.aboutchet.com/babyscholars and sign up online.

As soon as the account has been successfully opened, the state will put in the \$100 deposit. It's just that easy to get started on a path to higher education for your child.

If you have any questions about CHET or the Baby Scholars program I urge you to visit our website at www.aboutchet.com. In the meantime, please remember to CHECK THAT BOX!

Together, we can set your newborn on a path to higher education success!

Denise L. Nappier

Connecticut State Treasurer

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Yes, please send me information about the CHET Program.

Child's Name _____ Mother's Name _____

Child's Date of Birth _____ Date Signed _____

Social Security Numbers for Newborns

The State of Connecticut Department of Public Health and the Federal Social Security Administration are offering you this valuable service.

A NOTE FROM SSA:

The easiest time to get a Social Security Number for your child is when you give information for your child's birth certificate. If you wait to apply at a Social Security office, you will need to provide proof of your child's U.S. Citizenship, age and identity. Social Security will also need to verify your child's birth certificate which may take up to 12 weeks.

By completing this form and requesting a Social Security number for your new baby, the State of Connecticut Department of Public Health will electronically transmit your request to the Federal Social Security Administration. A Social Security card will be mailed to you within 3 weeks, eliminating the need for you to personally visit a Social Security office with evidence of your child's identity, birth date and citizenship.

Must your child have a Social Security Number? No, it is voluntary. However, your child will need a Social Security Number in order for you to claim your child on your income tax return, open a bank account for your child, buy savings bonds for your child, obtain medical coverage for your child, apply for government services for your child.

Social Security rarely uses the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g. to the Government Accountability Office and Department of Veteran's Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

Social Security may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies.

FOR INFORMATION OR ANSWERS TO YOUR SOCIAL SECURITY QUESTIONS, Please contact the Federal Social Security Administration at www.socialsecurity.gov or call toll free: 1-800-772-1213 (for deaf or hard of hearing: call the TTY line at 1-800-325-0778).

ENUMERATION AT BIRTH CONSENT FORM

Baby's Name as Reported on Birth Certificate:

_____ (A Social Security number cannot be issued for a child that has not been named)

1) Do you want a Social Security Number issued for your baby?

YES NO

2) Do you authorize the Social Security Administration to provide the Social Security number to the State of Connecticut to add it to the State's birth file? (The confidentiality of Connecticut birth records is protected by state statute (§CGS 7-51))

YES NO

Signature of Parent _____ Date _____