



Cleveland Clinic

Akron General

BIRTH CERTIFICATE WORKSHEET

1 Akron General Avenue
Akron, Ohio 44307
330-344-6000

Delivery RN _____ Baby's MR# _____

****PLEASE PRINT****

| | | | | | | |
|--------------------|-------|--------|------|------------|---|----------------------|
| BABY - NAME | First | Middle | Last | SEX | DATE OF BIRTH (Month, Day, Year) | TIME OF BIRTH |
|--------------------|-------|--------|------|------------|---|----------------------|

BIRTH PARENT INFORMATION

| | | |
|--|--|-------------------------------|
| PARENTAGE TITLE (Choose One) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent | GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male | SOCIAL SECURITY NUMBER |
|--|--|-------------------------------|

BIRTH PARENT CURRENT LEGAL NAME

| | | |
|--------------|---------------|-------------|
| First | Middle | Last |
|--------------|---------------|-------------|

| | | |
|---|---|--|
| What was your last name before your marriage or as it was on your birth certificate | DATE OF BIRTH (Month, Day, Year) | PLACE OF BIRTH (State or foreign Country) |
|---|---|--|

| | | | | | | | |
|-------------------------|---|--------|------|--------|-------|-----|--|
| CURRENT ADDRESS: | # | Street | City | County | State | Zip | INSIDE CITY LIMITS? <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------|---|--------|------|--------|-------|-----|--|

| | | |
|--|-----------------------------|---------------|
| MAILING ADDRESS (If same as residence, enter zip code only) | PRE PREGNANCY WEIGHT | HEIGHT |
|--|-----------------------------|---------------|

| | |
|--|--|
| DOES PARENT REQUEST ISSUANCE OF SOCIAL SECURITY NUMBER FOR THIS CHILD? <input type="checkbox"/> Yes <input type="checkbox"/> No | CURRENT LEGAL MARITAL STATUS (Please check one) <input type="checkbox"/> Single <input type="checkbox"/> Married, Includes Separation <input type="checkbox"/> Divorced, Date _____ |
|--|--|

| | | |
|--|--|--|
| DID YOU GET WIC FOOD FOR YOURSELF DURING THE PREGNANCY? <input type="checkbox"/> Yes <input type="checkbox"/> No | PRINCIPAL SOURCE OF PAYMENT FOR THIS DELIVERY <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Self-pay <input type="checkbox"/> Other (Specify) _____ | What is a telephone number someone could contact you at? (Include Area Code) Primary _____ Secondary _____ <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/> Relative <input type="checkbox"/> I have no phone |
|--|--|--|

| | | |
|--|--|--|
| PARENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery.) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12 grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) | PARENT OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina.) <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (Specify) _____ | PARENT RACE <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Filipino <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____ |
|--|--|--|

| | | |
|--|--|--|
| DATE OF FIRST PRENATAL CARE VISIT ____/____/____ <input type="checkbox"/> No Prenatal Care | LAST RECORDED PRENATAL CARE VISIT ____/____/____ | TOTAL NUMBER OF RECORDED PRENATAL VISITS FOR THIS PREGNANCY _____ (If none, enter "0") |
|--|--|--|

| | | | |
|--|--|---|---|
| DATE LAST NORMAL MENSES BEGAN ____/____/____ | PREVIOUS # OF LIVE BIRTHS _____ | NUMBER OF OTHER PREGNANCY OUTCOMES (spontaneous or induced losses or ectopic pregnancies) Number _____ | Date of Last Other Outcome ____/____/____ |
| | Now Living Number _____ <input type="checkbox"/> None | Now Deceased Number _____ <input type="checkbox"/> None | Date of Last Live Birth ____/____/____ |

| | | |
|--|---|---|
| TOBACCO USE DURING PREGNANCY? <input type="checkbox"/> Yes <input type="checkbox"/> No | AVERAGE NUMBER CIGARETTES PER DAY _____ | ULTRASOUND DATING DONE: <input type="checkbox"/> Less than or at 20 wks <input type="checkbox"/> After 20 wks <input type="checkbox"/> Not done |
| ALCOHOL USE DURING PREGNANCY? <input type="checkbox"/> Yes <input type="checkbox"/> No | AVERAGE NUMBER DRINKS PER DAY _____ | |

I certify that the personal information provided on this certificate is correct to the best of my knowledge and belief. NAME or SIGNATURE OF PARENT or OTHER INFORMANT _____

Please print Neatly and Clearly.

***This form will be used to create the official birth certificate for your baby. Complete all boxes on both sides. Include any apartment numbers/letters.**

SECOND PARENT INFORMATION

| | | |
|--|--|-------------------------------|
| PARENTAGE TITLE (Choose One) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent | GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male | SOCIAL SECURITY NUMBER |
|--|--|-------------------------------|

SECOND PARENT CURRENT LEGAL NAME

| | | |
|---|---|---|
| First | Middle | Last |
| What was your last name before your marriage or as it was on your birth certificate | DATE OF BIRTH (Month, Day, Year) | PLACE OF BIRTH (State or foreign County) |

| | | |
|--|--|--|
| PARENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery.) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12 grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) | PARENT OF HISPANIC ORIGIN? (Check the box that best describes whether the Father is Spanish/Hispanic/Latino. Check the "No" box if Father is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ | PARENT'S RACE <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe) _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Filipino <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Other (Specify) _____ |
|--|--|--|

In the state of Ohio, if you are not married, you can add a father to your child's birth certificate by completing an Affidavit of Paternity *OR* submitting to DNA testing through your local Child Support Enforcement Agency. Affidavits of Paternity are available at the hospital after you deliver. We can give you information on DNA testing.