

BIRTH RECORD

Mother's Name: _____

Mother's Date of Birth: _____

Medical Record Number: _____

FATHER'S INFORMATION

Father's Information: Please Print Clearly

What is your current legal name?

First Name Middle Name Last Name Suffix

What is your mailing address (if different from the mother)?

Same as the mother's address

Number and Street address, P.O. Box or Rural Route numbers Apartment Number

City or Town State Zip Code If not United States, please enter country.

What is your date of birth?

____/____/____
MMDDYYYY

Where were you born?

City or Town State or Foreign Country

What is your social security number?

____ - ____ - ____

I don't have a Social Security number.

BIRTH RECORD

FATHER'S INFORMATION

| |
|------------------------------------------------------------------------------------------------------------|
| Mother's Name: _____ Mother's Date of Birth: _____ Medical Record Number: _____ |
|------------------------------------------------------------------------------------------------------------|

What is your highest level of education?

Check the box that best describes your highest level of school completed at the time of your child's birth.

- 8th grade or less
- 9th – 12th grade, no diploma
- High school graduate or GED completed
- Some college credit but no degree
- Associate degree (AA, AS)
- Bachelor's degree (BA, AB, BS)
- Master's degree (MA, MS, MEng, Med, MSW, MBA)
- Doctorate degree (PhD, EdD, MD, DDS, DVM, LLB, JD)

ARE YOU SPANISH/HISPANIC/LATINO? If you are not Spanish/Hispanic/Latina, check the "NO"

box. If you are, check the box that is most appropriate for you.

- No, not Spanish/Hispanic/Latino
- Yes, Spanish/Hispanic/Latino
 - Mexican, Mexican American, Chicano
 - Puerto Rican
 - Cuban
 - Other Spanish/Hispanic/Latino PLEASE SPECIFY: _____

FATHER'S RACE: Check all that apply to indicate what you consider yourself.

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Caucasian (white) | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American <ul style="list-style-type: none"> <input type="checkbox"/> Somali <input type="checkbox"/> Ethiopian <input type="checkbox"/> Liberian <input type="checkbox"/> Ghanaian <input type="checkbox"/> Kenyan <input type="checkbox"/> Sudanese <input type="checkbox"/> Nigerian <input type="checkbox"/> Other African PLEASE SPECIFY: _____ | <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Hmong <input type="checkbox"/> Cambodian <input type="checkbox"/> Laotian <input type="checkbox"/> Other Asian PLEASE SPECIFY: _____ |

- | | |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native Name of Enrolled or Principal Tribe PLEASE SPECIFY: _____ _____ | <input type="checkbox"/> Other Race PLEASE SPECIFY: _____ _____ |
|------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|

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

FETAL DEATH REPORT

Mother's Name: _____

Mother's Date of Birth: _____

Medical Record Number: _____

FATHER'S INFORMATION

Father's Information: Please Print Clearly

What is your current legal name?

First Name Middle Name Last Name Suffix

What is your mailing address (if different from the mother)?

Number and Street address, P.O. Box or Rural Route numbers Apartment Number

City or Town State Zip Code

If not United States, please enter country.

What is your date of birth?

MMDDYYYY

Where were you born?

City or Town State or Foreign Country

What is your social security number?

____ - ____ - ____

I don't have a Social Security number.

FETAL DEATH REPORT

FATHER'S INFORMATION

| |
|------------------------------------------------------------------------------------------------------------|
| Mother's Name: _____ Mother's Date of Birth: _____ Medical Record Number: _____ |
|------------------------------------------------------------------------------------------------------------|

What is your highest level of education?

Check the box that best describes your highest level of school completed at the time of your child's birth.

- 8th grade or less
- 9th – 12th grade, no diploma
- High school graduate or GED completed
- Some college credit but no degree
- Associate degree (AA, AS)
- Bachelor's degree (BA, AB, BS)
- Master's degree (MA, MS, MEng, Med, MSW, MBA)
- Doctorate degree (PhD, EdD, MD, DDS, DVM, LLB, JD)

ARE YOU SPANISH/HISPANIC/LATINO? If you are not Spanish/Hispanic/Latina, check the "NO"

box. If you are, check the box that is most appropriate for you.

- No, not Spanish/Hispanic/Latino
- Yes, Spanish/Hispanic/Latino
 - Mexican, Mexican American, Chicano
 - Puerto Rican
 - Cuban
 - Other Spanish/Hispanic/Latino PLEASE SPECIFY: _____

FATHER'S RACE: Check all that apply to indicate what you consider yourself.

- | | |
|----------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Caucasian (white) | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Asian Indian |
| <input type="checkbox"/> Somali | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Filipino |
| <input type="checkbox"/> Liberian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Ghanaian | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Kenyan | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Sudanese | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Nigerian | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Other African | <input type="checkbox"/> Laotian |
| PLEASE SPECIFY: _____ | <input type="checkbox"/> Other Asian |
| | PLEASE SPECIFY: _____ |

- | | |
|-----------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Other Race |
| Name of Enrolled or Principal Tribe | PLEASE SPECIFY: _____ |
| PLEASE SPECIFY: _____ | _____ |
| _____ | _____ |

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