

Birth Certificate Worksheet

This is your birth certificate worksheet. It is very important that it is filled out correctly and completely.

You will proof read and sign the final document. All changes to birth certificates will have to be made by the state.

CHILD'S NAME:

First: _____ Middle: _____ Last: _____ Suffix: _____

BIRTHING PARENT INFORMATION:

First: _____ Middle: _____ Last: _____ Suffix: _____

Birthing Parent Date of Birth: ____/____/____ Daytime Phone Number ____ - ____ - ____

Birthing Parent Name Prior to First Marriage/Civil Union (Birthing Parent's name as it appears on their birth certificate):

First: _____ Middle: _____ Last: _____ Suffix: _____

Birthing Parent Birth Place (city and state or foreign country): _____

Birthing Parent Residence Information:

County: _____ State: _____ City: _____

Street Address: _____ Apt. No.: _____ Zip Code: _____ Inside City Limits? Yes No

Birthing Parent Mailing Address

Same as Residence? Yes No

If No: County: _____ State: _____ City: _____

Street Address: _____ Apt. No.: _____ Zip Code: _____

Birthing Parent Married (at birth, conception of any time in between?) Yes No

Birthing Parent in a Civil Union? Yes No

Spouse/Civil Union Partner Denying Paternity? Yes No

Request Social Security Number for Child? Yes No

Birthing Parent Social Security Number: ____/____/____

Co-Parent's Social Security Number: ____/____/____

CO-PARENT'S INFORMATION:

First: _____ Middle: _____ Last: _____ Suffix: _____

Co-Parent's Date of Birth: ____/____/____ Daytime Phone Number ____ - ____ - ____

Co-Parent's Name Prior to First Marriage/Civil Union (if different from above):

First: _____ Middle: _____ Last: _____ Suffix: _____

Co-Parent's Birth Place (city and state or foreign country): _____

Co-Parent's Residence Information:

County: _____ State: _____ City: _____

Street Address: _____ Apt. No.: _____ Zip Code: _____ Inside City Limits? Yes No

Continued on back.

STATISTICAL INFORMATION REQUIRED BY THE STATE OF ILLINOIS:

Birthing Parent Information	Co-Parent Information
<p>Education Level</p> <p><input type="checkbox"/> 8th Grade or Less</p> <p><input type="checkbox"/> 9th – 12th, No Diploma</p> <p><input type="checkbox"/> High School Graduate or GED Completed</p> <p><input type="checkbox"/> Some College, No degree</p> <p><input type="checkbox"/> Associate's Degree</p> <p><input type="checkbox"/> Bachelor's Degree</p> <p><input type="checkbox"/> Master's Degree</p> <p><input type="checkbox"/> Doctorate or Professional Degree (MD, DDS, etc)</p> <p><input type="checkbox"/> Unknown</p>	<p>Education Level</p> <p><input type="checkbox"/> 8th Grade or Less</p> <p><input type="checkbox"/> 9th – 12th, No Diploma</p> <p><input type="checkbox"/> High School Graduate or GED Completed</p> <p><input type="checkbox"/> Some College, No degree</p> <p><input type="checkbox"/> Associate's Degree</p> <p><input type="checkbox"/> Bachelor's Degree</p> <p><input type="checkbox"/> Master's Degree</p> <p><input type="checkbox"/> Doctorate or Professional Degree (MD, DDS, etc)</p> <p><input type="checkbox"/> Unknown</p>

Birthing Parent's Race	Co-Parent's Race
<p>Check one or more races to indicate what birthing parent considers themselves to be:</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> American Indian or Alaska Native Tribe: _____</p> <p><input type="checkbox"/> Hispanic, Latino or Spanish Origin</p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian Specify: _____</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander Specify: _____</p> <p><input type="checkbox"/> Other Specify: _____</p>	<p>Check one or more races to indicate what co-parent considers themselves to be:</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> American Indian or Alaska Native Tribe: _____</p> <p><input type="checkbox"/> Hispanic, Latino or Spanish Origin</p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian Specify: _____</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander Specify: _____</p> <p><input type="checkbox"/> Other Specify: _____</p>

Birthing Parent's Prenatal History		
Number of Previous Live Births (Not Including This Pregnancy) _____	Date of Last Live Birth (month/year) Month _____ Year _____	# of Previous Live Births Now Deceased _____
Date of Last Pregnancy Outcome that did not result in a live birth. (i.e. Miscarriage or Abortion) Month _____ Year _____		
Did you smoke cigarettes in the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, Average Number of Daily Cigarettes: 3 Months Before Pregnancy: _____ 1st Trimester of Pregnancy: _____ 2nd Trimester of Pregnancy: _____ 3rd Trimester of Pregnancy: _____		

Principle Source of Payment For This Visit
<input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicaid/Illinois Department of Public Aid <input type="checkbox"/> Self Pay <input type="checkbox"/> Other/Please Specify: _____