



**LIVE BIRTH
CERTIFICATE WORKSHEET
LOCAL REGISTRAR AND STATE USE
ONLY**

PLEASE PRINT CLEARLY. 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 their 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.

1. What will be the **child's legal name** (as it should appear on the birth certificate)? Only letters from the modern English alphabet (A-Z) may be used, including spaces, hyphens (-), apostrophes ('), commas (,) and periods (.)

First	Middle	Last	Suffix - Jr., III, etc.

2. Child's **Date of Birth** (MM/DD/YYYY) _____

3. Child's **Time of Birth** _____ AM PM

4. **Sex of Child** Male Female Undetermined

5. Is **child living** at time of report? Yes No

6a. **Plurality** (Number of fetuses delivered live or stillborn at any time in this pregnancy)
 Single Twins Triplets Other _____

6b. If not a single birth, order born in the delivery (first, second, third, etc.) _____

7. The parent(s) request that the information on this birth record be released to the Social Security Administration (SSA) for issuance of a **Social Security Number (SSN) and card.** (Check one option.)
 YES, do release birth information to SSA for a **SSN and Card.**
 NO, do not release birth information to SSA for a **SSN and Card.**
*** COMPLETION OF 42a - 42d are also REQUIRED for issuance of a Social Security Number (SSN) and card.**

8. Is child to be **adopted**? Yes No

9. Is this a **surrogate pregnancy**? Yes No

10. Was **home birth intended**? Yes (If yes complete 11) No Unknown

11. Did labor begin intending to deliver at home or a freestanding birthing center?
 Yes No Unknown

CHILD'S ATTRIBUTES

12a. Child's **ancestry** (Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, etc.) _____

12b. Child's **Hispanic origin** (Check all that apply.)
 No, not Spanish / Hispanic / Latino Yes, Cuban Yes, Puerto Rican
 Yes, Mexican / Mexican American / Chicano Unknown if Spanish / Hispanic / Latino
 Yes, Other Spanish / Hispanic / Latino (Specify) _____

12c. Which one or more of the following is the child's **race**? (Check all that apply.)
 American Indian or Alaska Native Filipino Vietnamese
 Unknown Tribe Guamanian or Chamorro White / Caucasian
 Tribe (Specify below) Japanese Unknown
 Asian Indian Korean Other Asian (Specify below)
 Black or African American Native Hawaiian Other (Specify below)
 Chinese Samoan Other Pacific Islander (Specify below)

Specify Applicable Tribe(s) / Other: _____

PARENTAL DESCRIPTION ON CHILD'S BIRTH CERTIFICATE

13. What **parental description** should be printed on the child's birth certificate?
 Mother / Father Parent / Parent

MOTHER/PARENT (PERSON GIVING BIRTH) - INFORMATION

14. Your current legal name?

First Middle Last Suffix - Jr., III, etc.

15. Name before first married (if different than current legal name)

First Middle Last Suffix - Jr., III, etc.

16. Date of birth (MM/DD/YYYY): _____

17. Social Security Number? _____ Unknown None

18. State of your birth, OR if not U.S., then country of birth? _____

19a. Residence address (include street, city, state, ZIP code, and any apartment or lot number)

Apt. / Lot _____

County (Or if not United States, country) _____

19b. Locality: City Village Township (Specify) _____

19c. Is this residence address inside city limits? Yes No Unknown

20. Complete mailing address (include street or PO Box, city, state, ZIP code and any apartment or lot number)

Apt. / Lot _____

21. Phone number _____ Email _____

MOTHER/PARENT (PERSON GIVING BIRTH) - EDUCATION AND ATTRIBUTES

22a. Check the box that best describes your highest level of education completed.

- | | |
|---|--|
| <input type="checkbox"/> 8 th grade or less | <input type="checkbox"/> Bachelor's degree (BA, AB, BS) |
| <input type="checkbox"/> 9 th - 12 th grade, no diploma | <input type="checkbox"/> Master's degree (MA, MS, MEng, Med, MSW, MBA) |
| <input type="checkbox"/> High school graduate or GED | <input type="checkbox"/> Doctorate or Professional degree |
| <input type="checkbox"/> Some college credit, but no degree | (PhD, EdD, MD, DDS, DVM, LLB, JD) |
| <input type="checkbox"/> Associate degree (AA, AS) | <input type="checkbox"/> Unknown |

22b. Ancestry (Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, etc.)

22c. Hispanic origin (Check all that apply.)

- | | | |
|---|---|--|
| <input type="checkbox"/> No, not Spanish / Hispanic / Latino | <input type="checkbox"/> Yes, Cuban | <input type="checkbox"/> Yes, Puerto Rican |
| <input type="checkbox"/> Yes, Mexican / Mexican American / Chicano | <input type="checkbox"/> Unknown if Spanish / Hispanic / Latino | |
| <input type="checkbox"/> Yes, Other Spanish / Hispanic / Latino (Specify) _____ | | |

22d. Which of the following describes your race? (Check all that apply.)

- | | | |
|---|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Unknown Tribe | <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> White / Caucasian |
| <input type="checkbox"/> Tribe (Specify below) | <input type="checkbox"/> Japanese | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Korean | <input type="checkbox"/> Other Asian (Specify below) |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Other (Specify below) |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoan | <input type="checkbox"/> Other Pacific Islander (Specify below) |

Specify Applicable Tribe(s) / Other: _____

MOTHER/PARENT (PERSON GIVING BIRTH) - HEALTH INFORMATION

23. Was WIC received while you were pregnant with this child? Yes No Unknown

24. Your height? _____ feet _____ inches 25. Your pre-pregnancy weight? _____ lbs.

Questions 26a - 26e refer to tobacco products only, NOT e-cigarettes (vaping)

26a. Did you ever smoke cigarettes? Yes No Unknown

26b. Did you smoke during this pregnancy? Yes No Unknown

26c. How many cigarettes OR packs of cigarettes did you smoke on an average day?

	# of cigarettes		# of packs
Three months before pregnancy	_____	OR	_____
First trimester of pregnancy	_____	OR	_____
Second trimester of pregnancy	_____	OR	_____
Third trimester of pregnancy	_____	OR	_____

26d. Did you quit smoking? Yes Date quit _____ No Unknown

- 26e. Did **others** in your household smoke? Yes No Unknown
27. Did you **drink alcohol** during this pregnancy?
 Yes. Number of **drinks per week?** _____ Yes, but quantity unknown No Unknown
28. Is **Breastfeeding** Initiated, Planned or Not Planned? Initiated Planned Not Planned

PLACE OF BIRTH

29. **Type** of place of birth
 Home-Planned Freestanding Birthing Center Clinic/Doctor's Office
 Home-Unplanned On the way to Birthing Center On the way to hospital*
 Other (Specify) _____
- *If on the way to hospital, did hospital complete a birth record? If yes, please stop here and contact the hospital to find out in which county the birth is registered.
30. **Address** of place of birth
 Same as birth parent's address on page 2
 Other (Street, Apartment or Lot Number, City, State, ZIP Code) _____ Apt. / Lot _____
 _____ County of place of birth _____

- 31a. **Attendant (who was physically present)** at Birth? Name _____
- 31b. **Attendant's Title?** Mother/Parent of child Father/Parent of child Unlicensed Midwife
 Family/Friend Other (specify) _____

ASSISTED REPRODUCTION

- 32a. Did this pregnancy result from **assisted reproduction**, including: in-vitro fertilization (IVF) and embryo transfer; donation of gametes, donation of embryos; intrauterine, intracervical or vaginal insemination; or assisted reproductive technology?
 Yes No (If no, go to Question 33.)
- 32b. If **married**, and pregnancy resulted from assisted reproduction without surrogacy, the birth parent/mother affirms there was consent between the spouses to conceive a child through assisted reproduction with the intent they both would be parents of the child. (Ref: MCL 722.1801 and 722.1802)
 Yes No (If no, go to Question 33a and 33b, also complete Question 35b.)

MOTHER/PARENT (PERSON GIVING BIRTH) - MARITAL STATUS

- 33a. What is your current **marital status**?
 Never Married Married Divorced/Widowed
- 33b. If married, were you married at the time the child was conceived, at the time of birth, or anytime in between conception and time of birth?
 No
 Yes, and spouse will be added to birth certificate.
 Yes, but I **will provide legal documentation** (such as court order, divorce decree) stating my spouse is not the parent of the unborn child. This documentation is subject to approval by the State of Michigan Vital Records and Health Statistics.
 Yes, but I **do not want to provide spouse's information**. By refusing to complete your spouse's information, your child's birth certificate will not be registered as a legal document and Social Security Card will not be issued. (Skip to Question 42.)

AFFIDAVIT OF PARENTAGE (AOP)

34. If you are not married, and the method of conception was by sexual intercourse, will an **Affidavit of Parentage be completed to establish parentage for the man to be considered the natural father**?
 Yes No (If no, go to Question 42)
- 35a. If pregnancy resulted from **assisted reproduction** without surrogacy and **parents were not married** at time of conception or birth, will an **Affidavit of Parentage be completed to establish parentage**?
 Yes No (If no, go to Question 42)
- 35b. If pregnancy resulted from **assisted reproduction** without surrogacy and **parents are married**, will an **Affidavit of Parentage be completed**? Yes No

FATHER/PARENT - INFORMATION

36. What is the **current legal name** of the child's Father/Parent?

First	Middle	Last	Suffix - Jr., III, etc.

37. **Date of birth** (MM/DD/YYYY): _____

38. **Social Security Number?** _____ Unknown None

39. **State of birth**, OR if not U.S., country of birth? _____

40. Is father/parent's **residence address** the **same** as mother/parent? Yes No

If **different**, then specify address (include street, city, state, ZIP code and **any apartment or lot number**)

_____ Apt. / Lot _____

FATHER/PARENT - EDUCATION AND ATTRIBUTES

41a. Check the box that best describes the **highest level of education** they completed.

<input type="checkbox"/> 8 th grade or less	<input type="checkbox"/> Bachelor's degree (BA, AB, BS)
<input type="checkbox"/> 9 th - 12 th grade, no diploma	<input type="checkbox"/> Master's degree (MA, MS, MEng, Med, MSW, MBA)
<input type="checkbox"/> High school graduate or GED	<input type="checkbox"/> Doctorate or Professional degree (PhD, EdD, MD, DDS, DVM, LLB, JD)
<input type="checkbox"/> Some college credit, but no degree	<input type="checkbox"/> Unknown
<input type="checkbox"/> Associate degree (AA, AS)	

41b. **Ancestry** (Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, etc.) _____

41c. **Hispanic origin** (Check all that apply.)

<input type="checkbox"/> No, not Spanish / Hispanic / Latino	<input type="checkbox"/> Yes, Cuban	<input type="checkbox"/> Yes, Puerto Rican
<input type="checkbox"/> Yes, Mexican / Mexican American / Chicano	<input type="checkbox"/> Unknown if Spanish / Hispanic / Latino	
<input type="checkbox"/> Yes, Other Spanish / Hispanic / Latino (Specify) _____		

41d. Which of the following describes their **race**? (Check all that apply.)

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Unknown Tribe	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> White / Caucasian
<input type="checkbox"/> Tribe (Specify below)	<input type="checkbox"/> Japanese	<input type="checkbox"/> Unknown
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Asian (Specify below)
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Other (Specify below)
<input type="checkbox"/> Chinese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Other Pacific Islander (Specify below)

Specify Applicable Tribe(s) / Other: _____

COMPLETION OF 42a-42d IS REQUIRED REGARDING ISSUANCE OF A SOCIAL SECURITY CARD

I affirm that the personal information provided is correct to the best of my knowledge. I acknowledge that I am responsible for the review of my child's birth certificate for accuracy and that the birth certificate worksheet is only retained for a limited time period.

42a. **Signature** of Mother/Parent or Informant _____

42b. **Printed name** of Mother/Parent or Informant _____

42c. **Date** worksheet completed and signed (MM/DD/YYYY) _____

42d. What is the **informant's relationship** to the child?

Mother/Parent of child Father/Parent of child Other (specify) _____

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

Willfully and knowingly making a false statement on this form is a crime. MCL 333.2894, MCL 333.2898