

UP HEALTH SYSTEM - MARQUETTE

Birth Certificate Worksheet

DUE DATE _____

THE BIRTH CERTIFICATE IS A LEGAL DOCUMENT AND ALL OF THE INFORMATION REQUESTED BELOW IS REQUIRED.

PLEASE PRINT OR TYPE THE FOLLOWING INFORMATION: (Baby's Name Added After Birth)

CHILD — NAME (FIRST) (MIDDLE) (LAST)

MOTHER'S FULL NAME (First, Middle, Last)	SOCIAL SECURITY NUMBER	MOTHER'S BIRTH PLACE (City and State) Country if not in USA	MOTHER'S DATE OF BIRTH MONTH DAY YEAR
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MOTHER'S ADDRESS

MOTHER — FULL NAME BEFORE FIRST MARRIED	CURRENT RESIDENCE (Check one box and specify) <input type="checkbox"/> INSIDE CITY OR VILLAGE OF: <input type="checkbox"/> TOWNSHIP OF:	COUNTY OF RESIDENCE	STATE
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MARITAL STATUS (Check one box) <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	IF PREVIOUSLY MARRIED, DATE MARRIAGE ENDED	TYPE OF INSURANCE <input type="checkbox"/> MEDICAID <input type="checkbox"/> SELF-PAY <input type="checkbox"/> OTHER: _____	MOTHER MARRIED AT TIME OF CONCEPTION? <input type="checkbox"/> YES <input type="checkbox"/> NO
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FATHER'S FULL NAME (First, Middle, Last)	SOCIAL SECURITY NUMBER	FATHER'S BIRTH PLACE (City and State) Country if not in USA	FATHER'S DATE OF BIRTH MONTH DAY YEAR
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FATHER'S ADDRESS

MOTHER'S EDUCATION

<input type="checkbox"/> 1. 8th grade or less	<input type="checkbox"/> 3. High School graduate or GED	<input type="checkbox"/> 5. Associate's degree (AA, AS)	<input type="checkbox"/> 7. Master's degree (MA, MS, MEng, MEd, MSW, MBA)	<input type="checkbox"/> 8. Doctorate or Professional degree (PhD, EdD, MD, DO, DDS, DVM, LLB, JD)	<input type="checkbox"/> 9. Unknown
<input type="checkbox"/> 2. 9th-12th grade, no diploma	<input type="checkbox"/> 4. Some college but no degree	<input type="checkbox"/> 6. Bachelor's degree (BA, AB, BS)			

MOTHER'S STAT HISPANIC ORIGIN <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE - American Indian, Black, White, etc. If Asian, give nationality, i.e., Chinese, Filipino, Asian Indian, etc. (specify)
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ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (specify below). If race is American Indian, list principle tribe.

FATHER'S EDUCATION

<input type="checkbox"/> 1. 8th grade or less	<input type="checkbox"/> 3. High School graduate or GED	<input type="checkbox"/> 5. Associate's degree (AA, AS)	<input type="checkbox"/> 7. Master's degree (MA, MS, MEng, MEd, MSW, MBA)	<input type="checkbox"/> 8. Doctorate or Professional degree (PhD, EdD, MD, DO, DDS, DVM, LLB, JD)	<input type="checkbox"/> 9. Unknown
<input type="checkbox"/> 2. 9th-12th grade, no diploma	<input type="checkbox"/> 4. Some college but no degree	<input type="checkbox"/> 6. Bachelor's degree (BA, AB, BS)			

FATHER'S STAT HISPANIC ORIGIN <input type="checkbox"/> YES <input type="checkbox"/> NO	RACE - American Indian, Black, White, etc. If Asian, give nationality, i.e., Chinese, Filipino, Asian Indian, etc. (specify)
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ANCESTRY - Mexican, Puerto Rican, Cuban, Central or South American, Chicano, other Hispanic, Afro-American, Arab, English, French, Finnish, etc. (specify below). If race is American Indian, list principle tribe.

DID MOTHER SMOKE BEFORE OR DURING PREGNANCY? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	DID MOTHER QUIT SMOKING? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	DATE MOTHER QUIT SMOKING?	OTHERS IN HOUSEHOLD SMOKE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN	DID MOTHER RECEIVE W.I.C.? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
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I (WE) REQUEST THIS BIRTH INFORMATION BE RELEASED TO THE SOCIAL SECURITY ADMINISTRATION FOR ISSUANCE OF A SOCIAL SECURITY NUMBER AND CARD FOR MY CHILD.

IF YOU ARE SINGLE, DIVORCED OR SEPARATED, PLEASE READ THE FOLLOWING CAREFULLY

MICHIGAN LAW STATES:

The birth certificate for a child must record the mother's husband as the father whenever the mother was married at the time the child was conceived.

If you were not married at the time of your child's conception, but were married at the time of birth, the individual named as the father is your husband at the time of birth.

If you were not married at either time, the father's name may not be entered without the written consent from the individual named as the father. This requires an Affidavit of Parentage form. Exceptions to these provisions can occur only through the finding and order of a court.

We would like to sign an Affidavit of Parentage.

MAILING ADDRESS: MEDICAL RECORDS DEPARTMENT
UP HEALTH SYSTEM - MARQUETTE
850 W. BARAGA AVE.
MARQUETTE MI 49855