



# PARENT INFORMATION WORKSHEET

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Division for Vital Records and Health Statistics

**COMPLETION OF THE FOLLOWING CONFIDENTIAL INFORMATION IS REQUIRED FOR ADMINISTRATIVE AND COMMUNITY HEALTH USE ONLY**

Child	1. CHILD'S NAME (First, Middle, Last, Suffix)																			
	2a. CHILD'S DATE OF BIRTH (Month, Day, Year) ____ - ____ - ____	2b. CHILD'S TIME OF BIRTH ____ AM ____ PM	3. CHILD'S SEX ____ Male ____ Female																	
Medical Statistics	4. PARENT(S) REQUEST ISSUANCE OF SOCIAL SECURITY NUMBER AND CARD? ____ Yes ____ No		5a. WAS HOME BIRTH INTENDED? ____ Yes (If yes, complete 5b. & 5c.) ____ No ____ Unknown																	
	5b. WHERE WAS THE BIRTH PLANNED? ____ Home ____ Birthing Center ____ Physician's Office ____ Other (Specify) _____																			
	5c. DID MOTHER / BIRTH PARENT GO INTO LABOR INTENDING TO DELIVER AT HOME OR FREESTANDING BIRTHING CENTER? ____ Yes ____ No		6. IS THIS A SURROGATE PREGNANCY? ____ Yes ____ No																	
Mother / Birth Parent	7a. MOTHER'S / BIRTH PARENT'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)																			
	7b. NAME BEFORE FIRST MARRIED, if different (First, Middle, Last, Suffix)																			
	7c. DATE OF BIRTH (Month, Day, Year) ____ - ____ - ____	7d. SOCIAL SECURITY NUMBER ____ - ____ - ____ None Unknown	7e. STATE OF BIRTH - Name Country, if not USA																	
	8a. MOTHER'S / BIRTH PARENT'S RESIDENCE ADDRESS	8b. ZIP CODE	8c. CITY, VILLAGE OR TOWNSHIP																	
	8d. RESIDENCE COUNTY	8e. STATE - Name Country, if not USA	8f. LOCALITY (Check one) ____ City ____ Township ____ Unincorporated																	
	8g. INSIDE CITY LIMITS ____ Yes ____ No	9a. MOTHER'S / BIRTH PARENT'S MAILING ADDRESS, if different than 8a.	9b. ZIP CODE																	
	9c. CITY, VILLAGE OR TOWNSHIP	9d. STATE - Name Country, if not USA	9e. MOTHER'S / BIRTH PARENT'S TELEPHONE NUMBER (Include area code) ____ - ____ - ____																	
	10. EDUCATION (Indicate the category number that best describes the highest level of education completed by Mother / Birth Parent)																			
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Mother/Birth Parent Medical Stats	12. DID MOTHER / BIRTH PARENT GET WIC FOOD DURING THE PREGNANCY? ____ Yes ____ No ____ Unknown																			
	13a. MOTHER'S / BIRTH PARENT'S HEIGHT ____ Feet ____ Inches	13b. MOTHER'S / BIRTH PARENT'S PRE-PREGNANCY WEIGHT ____ Pounds Only																		
	14a. DID MOTHER / BIRTH PARENT EVER SMOKE/VAPE? ____ Yes ____ No ____ Unknown	14b. DID MOTHER / BIRTH PARENT SMOKE/VAPE DURING THIS PREGNANCY? ____ Yes ____ No ____ Unknown																		
	14c. ENTER THE AVERAGE NUMBER OF CIGARETTES, PACKS OR PODS SMOKED PER DAY?		14d. DID MOTHER / BIRTH PARENT QUIT SMOKING / VAPING?																	
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Stats Cont'd	14e. DATE MOTHER / BIRTH PARENT QUIT SMOKING / VAPING? _____ (mm - dd - yyyy)		14f. DID OTHERS IN HOUSEHOLD SMOKE / VAPE? ___ Yes ___ No ___ Unknown	
	15a. MOTHER / BIRTH PARENT USE ALCOHOL DURING THIS PREGNANCY? ___ Yes (If yes, complete 15b.) ___ No ___ Unknown		15b. AVERAGE NUMBER OF DRINKS <b>PER WEEK</b> ? _____ # Per Week ___ Unknown	
Marital Status	16a. MOTHER'S / BIRTH PARENT'S MARITAL STATUS ___ Never Married ___ Married / Refusing Spouse's Information ___ Currently Married ___ Widowed _____ (mm - dd - yyyy) ___ Divorced _____ (mm - dd - yyyy)			
	16b. MOTHER / BIRTH PARENT MARRIED AT CONCEPTION? ___ Yes ___ No ___ Unknown			
Father / Non-Birth Parent	17. IF UNMARRIED, DOES MOTHER <b>AND</b> FATHER INTEND TO COMPLETE AN AFFIDAVIT OF PARENTAGE TO ESTABLISH PATERNITY? (Select one) ___ Yes ___ No ___ Unknown		18. PARENTAL DESCRIPTION ON CHILD'S BIRTH CERTIFICATE (Select one) ___ Mother / Father ___ Parent / Parent	
	19a. FATHER'S / NON-BIRTH PARENT'S CURRENT LEGAL NAME (First, Middle, Last, Suffix)			
Father / Non-Birth Parent	19b. DATE OF BIRTH (Month, Day, Year) _____ - _____ - _____	19c. SOCIAL SECURITY NUMBER _____ - _____ - _____ ___ None ___ Unknown	19d. STATE OF BIRTH - Name Country, if not USA	
	20a. FATHER'S / NON-BIRTH PARENT'S RESIDENCE ADDRESS (If different than Mother's / Birth Parent's, 8a.)		20b. CITY, VILLAGE OR TOWNSHIP	
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	21. EDUCATION (Indicate the category number that best describes the highest level of education completed by Father/Non-Birth Parent)			
Father / Non-Birth Parent Attributes	Level Completed _____ 1. 8th grade or less; none 2. 9th-12th grade, no diploma 3. High School graduate or GED 4. Some college, no degree 5. Associate degree (AA, AS) 6. Bachelor's degree (BA, AB, BS) 7. Master's degree (MA, MS, MEd, MSW, MBA) 8. Doctorate or Professional Degree (PhD, EdD, MD, DO, DDS, DVM, LLB, JD) 9. Unknown			
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Medical Birth Statistics	23a. LIVE BIRTHS NOW LIVING _____ (Do not include this birth)	23b. LIVE BIRTHS NOW DEAD _____ (Do not include this birth)	23c. DATE OF LAST LIVE BIRTH (Month, Day, Year) (Do not include this birth) _____ - _____ - _____	
	23d. NUMBER OF OTHER TERMINATIONS (SPONTANEOUS OR INDUCED AT ANY TIME AFTER CONCEPTION) Total # _____			
	23e. DATE OF LAST OTHER TERMINATION (Month, Day, Year) _____ - _____ - _____		24. MOTHER / BIRTH PARENT TESTED FOR HIV? ___ Yes ___ No	
	25. OBSTETRIC ESTIMATE OF GESTATION (In weeks) Total # of Weeks Completed _____		26a. PLURALITY - Specify Single, Twin, Triplet, etc. ___ Single ___ Twin ___ Triplet ___ Other _____	
	26b. IF NOT SINGLE BIRTH - Specify First, Second, Third, etc. ___ First ___ Second ___ Third ___ Other _____		27. BREASTFEEDING INITIATED, PLANNED, NOT PLANNED? ___ Initiated ___ Planned ___ Not Planned	

Printed Name of Mother / Birth Parent **or** Informant \_\_\_\_\_

Signature of Mother / Birth Parent **or** Informant \_\_\_\_\_

Informant's Relation to Newborn, **if not** Mother / Birth Parent \_\_\_\_\_

Date Worksheet Completed and Signed \_\_\_\_\_