

BIRTH CERTIFICATE PREREGISTRATION FORM

Information for the Birth Certificate:

Please complete the following information and **mail it to the hospital** along with our **Obstetrical Patient Preadmission Questionnaire**.

Birth Name of Mother	First	Middle	Last (family)
Mother's State of Birth			
Mother's Date of Birth			
Mother's Race/Ethnicity	Race: _____ Hispanic: <input type="checkbox"/> No (not Hispanic) <input type="checkbox"/> Yes - Cuban <input type="checkbox"/> Yes - Puerto Rican <input type="checkbox"/> Yes - Mexican <input type="checkbox"/> Yes - other Hispanic (specify) _____		
Mother's Usual Occupation			
Mother's Usual Kind of Business or Industry			
Mother's Education (# of years completed)			
Mother's Address	Number, Street, Location		City
	State	County	Zip Code
Mother's Social Security Number			

Father's State of Birth			
Father's Date of Birth			
Father's Race/Ethnicity	Race: _____ Hispanic: <input type="checkbox"/> No (not Hispanic) <input type="checkbox"/> Yes - Cuban <input type="checkbox"/> Yes - Puerto Rican <input type="checkbox"/> Yes - Mexican <input type="checkbox"/> Yes - other Hispanic (specify) _____		
Birth Name of Father	First	Middle	Last (family)
Father's Usual Occupation			
Father's Usual Kind of Business or Industry			
Father's Education (# of years completed)			
Father's Social Security Number			

Date Last Normal Menses (period) began			
Month Prenatal Care Began	How many months pregnant were you when you first saw a Doctor:		
How many live births have you had (do not include this baby)			
Number of Living Children			
Date of Last Live Birth			
Do you have a history of miscarriage?	<input type="checkbox"/> No <input type="checkbox"/> Yes If yes, give date of last miscarriage: _____		

The above information will be used to complete the baby's birth certificate and will be handled with strictest confidentiality.