

For Hospital Use Only:

Mother's Name _____

Mother's Medical Record # _____

Child's Medical Record # _____

BIRTH PARENT WORKSHEET FOR THE CERTIFICATE OF LIVE BIRTH

You must provide complete and accurate information to all questions on this worksheet. The information you provide will be used to create your child's birth certificate. The birth certificate is a permanent legal record that will be used by your child throughout their life for important purposes such as proof of age, citizenship, and parentage.

In addition, health researchers use this information to study and improve the health of mothers and infants. Items such as education, race, and smoking will be used for studies but will not appear on copies of your child's birth certificate (unless requested by a person listed on the certificate). State of Ohio law provides protection against the unauthorized release of health and medical information but mandates the release of identifying information from the birth certificate under public record law.

Please print clearly in black or dark blue ink. If needed, please ask hospital staff for help.

CHILD INFORMATION			
Child's Legal Name as it should appear on the birth certificate:			
First	Middle	Last	Suffix
Date of Birth:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not yet determined	
If multiple, this worksheet is for: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth			
SOCIAL SECURITY NUMBER			
Do you want to request a Social Security Number for your child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I request that the Social Security Administration assign a Social Security number to the child named on this form and authorize the State to provide the Social Security Administration with the information from this form which is needed to assign a number.			
I understand that if I was married at any time during the 300 days prior to birth of this child, my spouse is presumed to be the other parent. This can only be overruled by legal documentation (court order, separation agreement, journal entry, divorce decree) stating my spouse should not be listed as a parent. If no such documentation is presented and I do not agree to list my spouse as a parent, the birth record will not be electronically transmitted to the Social Security Administration and a birth certificate will not be available for purchase.			
Signature of birth parent:			Date:

BIRTH PARENT INFORMATION										
Preferred Parentage Title (to be on your child's Birth Certificate): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent										
Birth Parent Current Legal Name:										
First	Middle	Last	Suffix							
Birth Parent Name Prior to First Marriage:										
First	Middle	Last	Suffix							
Birth Parent Date of Birth:					Age:					
SOCIAL SECURITY INFORMATION										
Furnishing parent(s) Social Security number(s) (SSNs) is required by Federal Law, 42 USC 405c section 205c of the Social Security Act. The number(s) will be made available to state and local social services agencies to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance. The SSN is also collected as authorized by Ohio law to be used for public health purposes.										
What is your Social Security number? If you do not have a Social Security number, mark "None."										
			-			-				<input type="checkbox"/> None
BIRTH PARENT PLACE OF BIRTH										
Birth Parent Place of Birth (Check only one and specify either state, territory or country)										
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> <div style="text-align: center; width: 10%;">OR</div> <div style="width: 45%; border-bottom: 1px solid black; margin-bottom: 5px;"></div> </div> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 45%;"> <input type="checkbox"/> U.S State/Territory </div> <div style="width: 45%;"> <input type="checkbox"/> Foreign country </div> </div>										
BIRTH PARENT RESIDENT ADDRESS										
Residence Street Number and Name										
Zip Code				City or Town			County			
State				Country						
Is current residence located inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown										

BIRTH PARENT MAILING ADDRESS (IF DIFFERENT FROM RESIDENCE ADDRESS)		
Mailing Address Street Number and Name <input type="checkbox"/> Check if same as resident address		
Zip Code	City or Town	County
State	Country	
BIRTH PARENT TELEPHONE		
Primary phone number ()	Secondary phone number ()	
<input type="checkbox"/> I do not have a phone number where I can be contacted	Secondary phone type: <input type="checkbox"/> Cell <input type="checkbox"/> Other <input type="checkbox"/> Relative <input type="checkbox"/> Work	
BIRTH PARENT ATTRIBUTES		
What is the highest level of education you have completed? (Check only one) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> 8th Grade or less <input type="checkbox"/> 9th-12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college, but no degree </div> <div style="width: 45%;"> <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor's degree <input type="checkbox"/> Master's degree <input type="checkbox"/> Doctorate or Professional Degree <input type="checkbox"/> Decline to answer </div> </div>		
What is your primary language (the language that you feel most comfortable speaking)? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Pennsylvania Dutch/ Deitsch/ Pennsylvania German <input type="checkbox"/> Somali <input type="checkbox"/> Nepali </div> <div style="width: 45%;"> <input type="checkbox"/> Arabic <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Other (Specify): _____ </div> </div>		
Are you of Hispanic Origin? (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> No, not Hispanic <input type="checkbox"/> Yes, Mexican <input type="checkbox"/> Decline to answer </div> <div style="width: 30%;"> <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban </div> <div style="width: 35%;"> <input type="checkbox"/> Yes, Other Hispanic Origin (Specify): _____ </div> </div>		
What is your race? (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (Specify tribe): _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino </div> <div style="width: 30%;"> <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____ <input type="checkbox"/> Native Hawaiian </div> <div style="width: 35%;"> <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Decline to answer </div> </div>		

BIRTH PARENT HEALTH**Did you receive WIC (women, Infants & Children) assistance during this pregnancy?**☐ Yes☐ No☐ Unknown or not sure**What is your height?**

_____ feet _____ inches

What was your weight before pregnancy?

_____ pounds

Did you smoke cigarettes during this pregnancy? ☐ Yes ☐ NoIf yes, please specify the **daily** average number of cigarettes smoked **per day** for each time frame below:

Three months before pregnancy _____

First three months of pregnancy _____

Second three months of pregnancy _____

Last three months of pregnancy _____

Did you use alcohol during this pregnancy? ☐ Yes ☐ NoIf yes, please specify the average number of alcoholic drinks **per day** for each time frame below:Three months *before* pregnancy _____

First three months of pregnancy _____

Second three months of pregnancy _____

Last three months of pregnancy _____

Did you use cannabis during this pregnancy? ☐ Yes ☐ No

If yes, please specify the type of use (select all that apply):

☐ Smoking☐ Vaping☐ Other (Specify): _____☐ Oils☐ Edibles

**BIRTH PARENT MARITAL STATUS –
REQUIRED TO REGISTER BIRTH RECORD AND ESTABLISH PARENTAGE**

Were you married at the time you conceived this child, at the time of birth, or within 300 days prior to the birth of your child?

☐ YES (continue to **SECOND PARENT INFORMATION**)

☐ YES, but I can provide legal documentation (court order, separation agreement, journal entry, or divorce decree) stating my spouse is not to be listed as the parent of my child.
(continue to **ACKNOWLEDGMENT OF PATERNITY**)

*Documentation is subject to approval by the Ohio Department of Health, Bureau of Vital Statistics

☐ YES, but I refuse to provide my spouse's name as the parent of my child. (continue to **INFORMANT**)
*Please note that under the State of Ohio law; by refusing to complete your spouse's information, your child's birth certificate will not be registered as a legal document and your child's birth information will not be electronically transmitted for a Social Security number to be issued.

☐ NO (continue to **ACKNOWLEDGMENT OF PATERNITY**)

ACKNOWLEDGMENT OF PATERNITY

Has the Acknowledgment of Paternity form been completed? That is, have you and the biological father signed an Acknowledgment of Paternity (AOP) form in the hospital.

☐ Yes, Date signed on AOP:

☐ No (Continue to **INFORMANT**)

*If you were not married, or if an Acknowledgment of Paternity form has not been completed, information about the father cannot be included on the birth certificate.

If not signed in the facility, does the parent intend to file an Acknowledgment of Paternity?

☐ Yes ☐ No ☐ Not Applicable

SECOND PARENT INFORMATION			
Preferred Parentage Title (to be on your child's birth certificate): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent			
Second Parent Current Legal Name:			
First	Middle	Last	Suffix
Second Parent Name Prior to First Marriage:			
First	Middle	Last	Suffix
Second Parent Date of Birth:		Age:	
SECOND PARENT SOCIAL SECURITY INFORMATION			
<p>Furnishing parent(s) Social Security number(s) (SSNs) is required by Federal Law, 42 USC 405c section 205c of the Social Security Act. The number(s) will be made available to state and local social services agencies to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance. The SSN is also collected as authorized by Ohio law to be used for public health purposes.</p> <p>What is second parent's Social Security number? If they do not have one, mark "None."</p>			
			-
			-
			<input type="checkbox"/> None
SECOND PARENT PLACE OF BIRTH			
Second Parent Place of Birth (Check only one and specify either state, territory or country)			
<input type="checkbox"/> U.S State/Territory		OR	
		<input type="checkbox"/> Foreign country	
SECOND PARENT CURRENT RESIDENCE			
Only complete this section if an Acknowledgment of Paternity has been signed in the facility			
Residence Street Number and Name			
Zip Code	City or Town	County	
State	Country		
Is current residence located inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			

SECOND PARENT ATTRIBUTES

What is the highest level of education completed by the second parent? (Check only one)

- | | |
|--|---|
| <input type="checkbox"/> 8 th Grade or less | <input type="checkbox"/> Associate degree |
| <input type="checkbox"/> 9 th -12 th grade, no diploma | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> High school graduate or GED completed | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> Some college, but no degree | <input type="checkbox"/> Doctorate or Professional Degree |
| | <input type="checkbox"/> Decline to answer |

Is the second parent of Hispanic origin? (Check all that apply)

- | | | |
|---|--|---|
| <input type="checkbox"/> No, not Hispanic | <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Other Hispanic Origin |
| <input type="checkbox"/> Yes, Mexican | <input type="checkbox"/> Yes, Cuban | <input type="checkbox"/> Decline to answer |

What is the race of the second parent? (Check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Japanese | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> American Indian or Alaska Native
(Specify tribe): _____ | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Pacific Islander (Specify): _____ |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Other Asian (Specify): _____ | <input type="checkbox"/> Other (Specify): _____ |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Decline to answer |
| <input type="checkbox"/> Filipino | | |

INFORMANT			
What is the relationship of the person providing information? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (Specify): _____			
Informant Name:			
First	Middle	Last	Suffix
Signature:		Date:	
Dolly Parton's Imagination Library Free Book Program			
<p>I would like my child to receive a free, high quality, age-appropriate book in the mail every month from birth until they turn five years old through Dolly Parton's Imagination Library (DPIL).</p> <p>I consent to allow the Dollywood Foundation, Inc. to use the information provided herein for the sole purpose of receiving books from DPIL. To measure the program's effectiveness DPIL may create datasets with the information provided; however, your full name, date of birth and street address will not be released to researchers.</p> <p>You agree to review our full Terms & Conditions and Privacy Policy by visiting imaginationlibrary.com. By selecting Yes, you expressly consent to the terms set forth herein.</p> <div style="margin-top: 20px;"> <input type="checkbox"/> Yes, English – Mostly English books with an occasional bilingual English/Spanish book <input type="checkbox"/> Yes, Bilingual English/Spanish – All bilingual English/Spanish books <input type="checkbox"/> No </div> <div style="margin-top: 20px;"> Email Address: _____ </div>			

Please return the completed Birth Parent Worksheet to: