

WHAT YOU NEED TO KNOW ABOUT YOUR CHILD'S BIRTH CERTIFICATE

Your child's birth certificate lasts forever. Please be certain the information on the certificate is accurate and complete before you sign it.

- The birth certificate is a legal document.
- An amendment form is required to make corrections to the birth certificate.
- The birth certificate will become a two-page document if an amendment is requested after the original has been processed.
- Many changes on the birth certificate require the applicant to go to court for a court order, including reversing the order of last names (surnames).
- Parents may have problems receiving benefits, traveling on an airline, obtaining a passport or social security number for their child if the birth certificate is not true and correct.
- It can take a couple months to apply an amendment. The processing time for amendments can be located on the California Department of Public Health-Vital Records website at:

<http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/ProcessingTimes.aspx>

Common mistakes that require amendments or court orders:

- Misspelled first, middle, and last names of child and/or parents
- Incorrect birth place or date of birth of parent(s)
- Reversed order of last names (surnames)
- Adding extra names to parent(s) or child later
- Incorrect gender (sex) of child
- Incorrect birth date

Errors on birth certificates
cannot be corrected on the original certificate.

The **original** birth certificate **does not** change, but an amendment is attached to create a **two-page** document.

- ✓ Parents, please review the information on the birth certificate carefully before you sign it.
- ✓ Your signature confirms that you have reviewed the information and that the facts are correct.

Amendment forms may be obtained at the local health department or county recorder's office.



Importance of Collecting Complete and Accurate Birth Certificate Information

Why is the birth certificate information collected?

The birth certificate information is collected based on California Health and Safety Code Section (H&SC) 102425. This law lists all the information required to be on the California birth certificate. This law also makes all medical information confidential.

What is the birth certificate information used for?

The information collected is used to record what happened during pregnancy, labor, and delivery, and any issues the newborn experienced. The information will be used to understand and help prevent birth defects, preterm babies, maternal deaths, and other labor, delivery and birth outcomes. Information collected also assists local and state public health leaders in making decisions that address programs needed in the community such as diabetes care, teen pregnancy, WIC (Women Infants Children), etc.

What birth certificate information is confidential on the birth certificate?

All medical information is considered confidential and not released to the public. This includes the parents' race, education, occupation, social security number(s), and address. The only persons that may access the confidential information are the California Department of Public Health, local county health department, persons with a valid scientific interest as determined by the State Registrar and Committee for Protection of Human Subjects, parent who signed the certificate or parent giving birth, and the child named on the birth certificate. Reference H&SC 102430.

What if the parent does not want to provide the information?

All information is required by law with the exception of the parents' race, occupation, education, and social security number(s). Although not required, race, occupation, and education are very important for understanding and eliminating negative outcomes and developing needed programs.

Who collects the birth certificate information?

The birth certificate information is collected by the birth clerk and it is sent to the local county health department who forwards it to the California Department of Public Health - Vital Records.

Who should I contact if I still have questions?

Please contact the California Department of Public Health - Vital Records at (916) 445-8494.

CERTIFICATE OF LIVE BIRTH WORKSHEET

FOR HOSPITAL USE ONLY:

PLEASE COMPLETE THIS INFORMATION TO PREPARE YOUR CHILD'S BIRTH CERTIFICATE

ARE THE PARENTS MARRIED AND/OR IN A STATE REGISTERED PARTNERSHIP (SRDP)? YES ____ NO ____

IF THE PARENTS ARE NOT MARRIED OR IN A SRDP, THEN THE BIOLOGICAL PARENTS MUST SIGN PATERNITY PAPERS TO ADD THE PARENT'S NAME TO THE CHILD'S BIRTH CERTIFICATE. REFERENCE HEALTH AND SAFETY CODE SECTION 102425(a)(4).

MOM'S H # _____
ROOM: _____
POP: _____
PHONE # () _____

NAME OF CHILD

FIRST: _____

MIDDLE: _____

LAST NAME: _____

SUFFIX: _____

BIRTHDAY OF YOUR CHILD: _____ TIME: _____

SEX: MALE ____ FEMALE ____ NONBINARY ____ WAS THIS BIRTH: SINGLE ____ TWIN ____ TRIPLET ____ QUAD ____ OTHER ____

IF MULTIPLE BIRTHS, THIS CHILD IS: 1ST ____ 2ND ____ 3RD ____ 4TH ____ OTHER ____ (CHECK APPROPRIATE ENTRY)

BIRTH NAME OF PARENT GIVING BIRTH (FIELDS 6A, 6B, 6C, ON CHILD'S BIRTH CERTIFICATE):

FIRST: _____ MIDDLE: _____

LAST: (**MAIDEN NAME**) _____ SSN: _____

RELATIONSHIP TO CHILD: MOTHER FATHER PARENT NOT SPECIFIED

BIRTHPLACE: (STATE, COUNTRY) _____ DATE OF BIRTH: _____
(U.S. STATE OR FOREIGN COUNTRY)

USUAL OCCUPATION: _____
(WORK DONE FOR THE LONGEST PERIOD OF TIME)

KIND OF BUSINESS/INDUSTRY: _____

BIRTH NAME OF PARENT NOT GIVING BIRTH (FIELDS 9A, 9B, 9C, ON CHILD'S BIRTH CERTIFICATE)

FIRST: _____ MIDDLE: _____

LAST: _____ SUFFIX _____ SSN: _____

RELATIONSHIP TO CHILD: MOTHER FATHER PARENT NOT SPECIFIED

BIRTHPLACE: (STATE, COUNTRY) _____ DATE OF BIRTH: _____
(U.S. STATE OR FOREIGN COUNTRY)

USUAL OCCUPATION: _____
(WORK DONE FOR THE LONGEST PERIOD OF TIME)

KIND OF BUSINESS/INDUSTRY: _____

WORKSHEET

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BIRTH PARENT'S RESIDENCE ADDRESS (REQUIRED): _____

(ADDRESS, COUNTY, CITY, STATE, ZIP CODE. P.O. BOXES ARE **NOT** ACCEPTABLE.)

MAILING ADDRESS (IF DIFFERENT): _____

(ADDRESS, COUNTY, CITY, STATE, ZIP CODE. P.O. BOXES ARE ACCEPTABLE.)

DID THE BIRTH PARENT SMOKE BEFORE OR DURING THE PREGNANCY? ENTER NUMBER OF CIGARETTES SMOKED PER DAY AS FOLLOWS:

- DURING THE THREE MONTHS PRIOR TO BECOMING PREGNANT: _____
- DURING THE FIRST THREE MONTHS OF PREGNANCY: _____
- DURING THE SECOND THREE MONTHS OF PREGNANCY: _____
- DURING THE LAST THREE MONTHS OF PREGNANCY: _____

NUMBER OF PREVIOUS LIVE BIRTHS: _____ **NUMBER OF LIVE BIRTHS NOW DEAD:** _____

DATE OF LAST LIVE BIRTH: _____ **(DO NOT COUNT THIS CHILD)**

NUMBER OF MISCARRIAGES BEFORE 20 WEEKS: _____ **AFTER 20 WEEKS:** _____
(DO NOT COUNT ABORTIONS)

DATE OF LAST MISCARRIAGE: _____ **METHOD OF DELIVERY:** _____

DID BIRTH PARENT RECEIVE WOMEN, INFANTS AND CHILDREN (WIC) PROGRAM FOOD DURING PREGNANCY?

- YES NO UNKNOWN

<p>PARENT NOT GIVING BIRTH EDUCATION</p> <ul style="list-style-type: none"><input type="radio"/> 0-11th grade. Enter highest year completed: _____<input type="radio"/> 12th grade; no diploma.<input type="radio"/> High school graduate or GED completed.<input type="radio"/> Some college credit, but no degree.<input type="radio"/> Associate degree (e.g. AA, AS).<input type="radio"/> Bachelor's degree (e.g., BA AB, BS).<input type="radio"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA).<input type="radio"/> Doctorate (e.g., PhD, EdD)<input type="radio"/> Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD, RN, NP, PA) <p><input type="checkbox"/> CAUCASIAN <input type="checkbox"/> HMONG</p> <p><input type="checkbox"/> BLACK <input type="checkbox"/> LAOTIAN</p> <p><input type="checkbox"/> CHINESE <input type="checkbox"/> THAI</p> <p><input type="checkbox"/> JAPANESE <input type="checkbox"/> KOREAN</p> <p><input type="checkbox"/> VIETNAMESE <input type="checkbox"/> ASIAN INDIAN</p> <p><input type="checkbox"/> FILIPINO <input type="checkbox"/> ASIAN Specify other _____</p> <p><input type="checkbox"/> HAWAIIAN <input type="checkbox"/> CAMBODIAN</p> <p><input type="checkbox"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE</p> <p><input type="checkbox"/> PACIFIC ISLANDER</p> <p><input type="checkbox"/> HISPANIC</p> <ul style="list-style-type: none"><input type="radio"/> MEXICAN, MEXICAN AMERICAN, CHICANO<input type="radio"/> CENTRAL AMERICAN<input type="radio"/> SOUTH AMERICAN<input type="radio"/> CUBAN<input type="radio"/> PUERTO RICAN<input type="radio"/> OTHER HISPANIC ETHNICITY Specify _____	<p>PARENT GIVING BIRTH EDUCATION</p> <ul style="list-style-type: none"><input type="radio"/> 0-11th grade. Enter highest year completed: _____<input type="radio"/> 12th grade; no diploma.<input type="radio"/> High school graduate or GED completed.<input type="radio"/> Some college credit, but no degree.<input type="radio"/> Associate degree (e.g. AA, AS).<input type="radio"/> Bachelor's degree (e.g., BA AB, BS).<input type="radio"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA).<input type="radio"/> Doctorate (e.g., PhD, EdD)<input type="radio"/> Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD, RN, NP, PA). <p><input type="radio"/> CAUCASIAN <input type="checkbox"/> HMONG</p> <p><input type="radio"/> BLACK <input type="checkbox"/> LAOTIAN</p> <p><input type="radio"/> CHINESE <input type="checkbox"/> THAI</p> <p><input type="radio"/> JAPANESE <input type="checkbox"/> KOREAN</p> <p><input type="radio"/> VIETNAMESE <input type="checkbox"/> ASIAN INDIAN</p> <p><input type="radio"/> FILIPINO <input type="checkbox"/> ASIAN Specify other _____</p> <p><input type="radio"/> HAWAIIAN <input type="checkbox"/> CAMBODIAN</p> <p><input type="radio"/> SAMOAN <input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE</p> <p><input type="radio"/> PACIFIC ISLANDER</p> <p><input type="radio"/> HISPANIC</p> <ul style="list-style-type: none"><input type="radio"/> MEXICAN, MEXICAN AMERICAN, CHICANO<input type="radio"/> CENTRAL AMERICAN<input type="radio"/> SOUTH AMERICAN<input type="radio"/> CUBAN<input type="radio"/> PUERTO RICAN<input type="radio"/> OTHER HISPANIC ETHNICITY Specify _____

REQUESTING THE CHILD'S SOCIAL SECURITY NUMBER THROUGH THE BIRTH CERTIFICATE PROCESS

NOTICE TO PARENTS: Completion of this form in the hospital will enable you to receive a valuable service from the federal government. Federal law requires that a Social Security Number be provided for all dependents listed on federal tax forms. A Social Security Number is also necessary when applying for welfare or other public assistance benefits for your child. By completing this form and requesting a Social Security Number for your new baby, the California Department of Public Health will transmit your request to the Social Security Administration, and a card will be mailed to you usually within six weeks, eliminating the need for you to personally visit a Social Security office with evidence of your child's identity, birth date, and citizenship.

If you choose to participate in this program, and the parent(s) Social Security Number(s) are provided on the birth certificate, the parents(s) Social Security Number(s) will be disclosed to the Internal Revenue Service. The Social Security Number(s) will be used by the Internal Revenue Service solely for the purpose of tax benefits based on support or residence of a child, pursuant to 42 USC 405 (c)(2) as amended by Section 1090(b) of Public Law 105-34. For further information about this program, please contact the Social Security Administration at (800) 772-1213.

For certified copies of your child's birth certificate, contact the health department or the recorder's office of the county where the birth occurred. You may also obtain an application for a certified copy through the California Department of Public Health by calling (916) 445-2684 or by visiting the web site at www.cdph.ca.gov.

NEWBORN AUTOMATIC NUMBER ASSIGNMENT (NANA)

Baby's Name as Reported on Birth Certificate:

(A SOCIAL SECURITY NUMBER CANNOT BE ISSUED FOR A CHILD THAT HAS NOT BEEN NAMED.)

1. Do you want a Social Security number for your new baby?

Yes No

I acknowledge that I am responsible for reviewing my child's birth certificate for accuracy and that the birth certificate worksheet is only retained for a limited time period. Beyond that, it will not be the responsibility of the hospital to amend the birth certificate for anything other than an incorrect date of birth, time of birth, or sex of infant. All other amendments to the birth certificate are the responsibility of the parent.

Any Parent Signature

Date

Any Parent Name (Please print)