BIRTH CERTIFICATE APPLICATION

PLEASE READ THIS PAGE BEFORE YOU BEGIN TO COMPLETE THIS APPLICATION

• Only the mother or father should complete this application. We understand there may be certain circumstances where the grandparents may need to complete the form.

• We need the name of your infant before discharge so we can avoid your having to go to the Health Department to complete your form.

• In seven days after the submission of the Birth Application you can purchase a certified copy of the Birth Certificate from the Chatham Co. Health Dept. at 1395 Eisenhower Drive (912-356-2138). The cost is $25.00, additional copies are $5.00 at time of purchase. You may also visit any County Vital Records Dept. in Georgia to obtain a copy of the Certificate.

THE HOSPITAL DOES NOT ISSUE BIRTH CERTIFICATES

• Please do not take this application home with you (you should only take the top sheet). This will only delay the process of completing your Certificate.

If you have any questions please call
The Birth Registrar at 912.819.6663
or
Mary Telfair Women’s Hospital at 912.819.6423
Congratulations on the birth of your child!

The Certificate of Live Birth for your newborn is a very important document, therefore, it is essential that the information and the names shown on the record are all entered accurately and correctly spelled. Be sure that you furnish the correct spelling of the parent’s complete name and the child’s complete name to the hospital birth records clerk. If you don’t speak English well, please request an interpreter. Closely review the information entered for your child’s birth record and make any corrections before the certificate is typed and filed.

It is understood that some people of Latin heritage have the custom of giving both the paternal and maternal last names (surnames) to their newborn. This may be done in some instances, but there are Georgia laws that you should know about that govern giving or changing the name of a child. The order of the surname is important as it effects the documents you obtain for Passports and Visas to exit or enter your county of origin.

For a child conceived by, or born to a married couple, Georgia law (Section 31-10-9) allows the full name of the child to be selected by the mother, including hyphenated last names.

For a child born to a mother who was unmarried during the pregnancy or at the time of birth, and no paternity acknowledgment is completed, the mother’s legal last name must be entered on the birth certificate also as the child’s last name. Georgia law allows no other alternative in this situation.

For an out-of-wedlock birth, and a paternity acknowledgment is completed, the parents can select any name for the child. (A married couple cannot complete a paternity acknowledgment for their child born in wedlock).

In all cases, once the birth record has been registered by the hospital with Vital Records, hospital staff cannot make changes to the certificate. After registration, changing or amending the child’s last name (surname) or the parents’ given or last name (surname) can ONLY be done by a court order from a Superior or Probate court.

Georgia Department of Human Resources Rule 290-1-3-.27 allows the parents to amend the child’s first and middle name(s) during the first year of life without charge by an affidavit signed by both parents. However, if a paternity acknowledgment was previously completed, no further amendment to the child’s name can be made except by a court order from a Superior or Probate Court.

If you have questions about naming, changing the name of your child, paternity acknowledgment, or amending a birth certificate, please call Vital Records at 404.679.4702.

Georgia Vital Records/DPH/DHR
Parent Worksheet

Please PRINT all of your responses neatly and accurately in the spaces below. Please enter the name of the month in all date questions. The information asked is collected under the authority of Georgia Code 31-10, Department of Human resources (DHR) Rules 290-1-3, Federal Law as well as any other applicable Georgia Code and DHR Rules. If you have specific questions about completing this worksheet, please ask the hospital certificate registration clerk. Information about Vital Records may be found on the internet at www.georgia.gov or by calling the state Office of Vital Records or your local Vital Records office.

Thank You

Fetus Information

<table>
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<tr>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Suffix</th>
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Date of Delivery: Month: __________ Day: ____ Year: ______

*Sex:  □ Female  □ Male  *Time of Delivery: _____ : ______ am pm military

*Plurality:  □ Single  □ Twin  □ Triplet  □ Other: _______________

*Birth Order: □ 1st □ 2nd □ 3rd □ Other: _______________

Please be sure to correctly spell the complete name including apostrophes or hyphens. Georgia law does not allow the use of numbers, symbols, obscenities or any other non-identifying information as part of a child’s name. Vital records must be completed in the English language. If you are not married, the last name must be entered the same as the Mother’s legal last name unless a Paternity Acknowledgment has been completed by both parents.

Mother’s Information

Current-First Name       Middle Name       Married/Legal Last Name

Last Name at Birth (Maiden Last Name): ________________________________

Date of Birth: Month: __________ Day: ____ Year: ______

_____________________________ - __________ - _______
State or Country of Birth     Social Security Number

Mother’s Marital Status

Is Mother Married? □ Yes  □ No  □ Never Married

If Unmarried, are parents signing a Paternity Acknowledgment? □ Yes  □ No

If not married, was Mother divorced? □ Yes  □ No
If yes, enter date of divorce: ______________________________
If widowed enter date widowed: ____________________________

CONTINUE
Mother’s Address

Please provide the complete address information including street name, house/apartment number, city/town/location proper name, county name, state (or country) and zip code.

Residence: ________________________________________________________________

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<tr>
<th>Street and Number</th>
<th>Apt. Number</th>
<th>Zip Code</th>
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Inside City Limits?  □ Yes  □ No  □ Unknown  How long at residence? ___ (yrs) ___ (mos)

Check Here if Same Mailing Address  □  Contact Number (_____) ___ - __________

Mailing: ________________________________________________________________

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<thead>
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Please provide the name and telephone number of a contact person if it becomes necessary to communicate with you and you cannot be reached at your home phone number.

Name ______________________________________ Telephone (_____) ___ - __________

Confidential Information

This page contains Confidential Information required to be collected according to Georgia Law. This information is kept confidential and is used for Public Health and population statistics, medical research and health program planning. Collecting this information permits health program planners to identify the need for public health services and furnishes researchers valuable information related to pregnancy complications. The social security numbers of parents are not provided to researchers or used for statistical purposes. Your cooperation is requested in order to compile accurate information related to Georgia birth outcomes.

Mother of the Child  The following questions apply to the mother.

Education Level

Elementary/High School: Please CIRCLE the highest grade of elementary or high school that the mother has completed. If foreign education, circle the highest US grade that is equivalent or most similar.

None 1 2 3 4 5 6 7 8 9 10 11 12

Please check whether the mother received a high school diploma or GED:  □ Yes  □ No

College/University: Please CIRCLE the number of years of college or university that the mother completed. If educated outside the US, circle the number of years that is most similar.

None 1 2 3 4 Other number of years __________
Please CHECK the highest type of advanced degree attained.

☐ None ☐ Associate’s ☐ Bachelor’s ☐ Master’s ☐ Doctorate

Mother of Hispanic Origin? Please check the category that best describes the mother’s ancestry or ethnic heritage.

☐ No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, American, Chicano
☐ Yes, Puerto Rican ☐ Yes, Cuban
☐ Yes, Other Spanish/Hispanic/Latino (Specify) ________________________________

☐ Unknown ☐ Refused ☐ Not Obtainable

Mother’s Race: Check one or more races to indicate what the mother considers herself to be.

☐ White ☐ Black or African American ☐ Asian Indian
☐ Chinese ☐ Filipino ☐ Japanese
☐ Korean ☐ Vietnamese ☐ Native Hawaiian
☐ Guamanian or Chomorro ☐ Samoan
☐ American Indian or Alaska Native (Specify) ________________________________

☐ Other Asian (Specify) ________________________________ ☐ Unknown
☐ Other Pacific Islander (Specify) ________________________________ ☐ Refused
☐ Other (Specify) ________________________________ ☐ Not Obtainable

Before completing this section, it is important to understand the following information:

If the mother is MARRIED at any time between conception and the delivery, Georgia law REQUIRES the husband to be shown as the father of the child, unless a court has previously determined paternity.

If the mother is UNMARRIED, the biological father’s name and information can be added to the certificate only after a Paternity Acknowledgement (PA) is completed and signed by both parents. It is recommended that a PA be completed while you are in the hospital, but the father must be present to sign the form.

NOTE: If necessary, a PA may be completed after you leave the hospital at the county Vital Records office or at the State Office of Vital Records.

Father of the Child

First                                Middle                               Last                                Suffix

Date of Birth: Month: ___________ Day: _______ Year: _______ ☐ Check if unknown

Birthplace (state or territory)       Country                                      Social Security Number

CONTINUE
Father’s Residence
Address: ___________________________________________________________

<table>
<thead>
<tr>
<th>Street and Number</th>
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*Georgia Code Chapter 31-10-9.1 and Federal Law, Section 1090 of the Revenue Reconciliation Act of 1997 REQUIRE the social security numbers of both parents to be reported. If the mother is married, the husband’s SSN shall be entered unless paternity has been previously determined by a court. If paternity of an out-of-wedlock conception is acknowledged by the father, his SSN shall be entered on the certificate.

Father of the Child  The following questions apply to the father.

Education Level
Elementary/High School: Please CIRCLE the highest grade of elementary or high school that the father has completed. If foreign education, circle the highest US grade that is equivalent or most similar.

None 1 2 3 4 5 6 7 8 9 10 11 12

Please check whether the father received a high school diploma or GED: ☐ Yes ☐ No

College/University: Please CIRCLE the number of years of college or university that the father completed. If educated outside the US, circle the number of years that is most similar.

None 1 2 3 4 Other number of years _______

Please CHECK the highest type of advanced degree attained.

☐ None ☐ Associate’s ☐ Bachelor’s ☐ Master’s ☐ Doctorate

Employer

Employer Address

Father of Hispanic Origin? Please check the category that best describes the father’s ancestry or ethnicity.

☐ No, not Spanish/Hispanic/Latino ☐ Yes, Mexican, American, Chicano
☐ Yes, Puerto Rican ☐ Yes, Cuban
☐ Yes, Other Spanish/Hispanic/Latino (Specify) ________________________________
☐ Unknown ☐ Refused ☐ Not Obtainable

Father’s Race: Check one or more races to indicate what the father considers himself to be.

☐ White ☐ Black or African American ☐ Asian Indian
☐ Chinese ☐ Filipino ☐ Japanese
☐ Korean ☐ Vietnamese ☐ Native Hawaiian
☐ Guamanian or Chomorro ☐ Samoan
☐ American Indian or Alaska Native (Specify) ________________________________
☐ Other Asian (Specify) _________________________________________________
☐ Other Pacific Islander (Specify) _______________________________
☐ Other (Specify) _____________________________________________________

CONTINUE
Additional Confidential Information

Mother’s Prepregnancy Weight: ______  Mother’s Weight at Delivery: ______

Mother’s Height ______ ft ______ inches

Doctor’s name that delivered your baby: __________________________________________

Did mother receive WIC benefits during this pregnancy?  □ Yes  □ No  □ Unknown

Did mother smoke cigarettes before and/or during this pregnancy?  □ Never Smoked  □ Unknown

History of childhood deafness in the family? _________________________________________

Average number of cigarettes or packs per day:
3 Months Before Pregnancy: ______ # cigarettes or _____ # packs
1st 3 Months of Pregnancy: ______ # cigarettes or _____ # packs
2nd 3 Months of Pregnancy: ______ # cigarettes or _____ # packs
Last 3 Months of Pregnancy: ______ # cigarettes or _____ # packs

Number of previous live births now living ______ Date of last live birth _____ / _____
(not including this child)
Now Deceased ______

Number of other pregnancy outcomes______ Date of last other outcome _____ / _____

Total number of Prenatal visits for this pregnancy _____ Date of first visit _____/_____/_____

Date of last normal menses _____/_____/_____ Date of last visit _____/_____/_____

Principle source of payment for this delivery. Please check one.
□ Champus/Tricare □ Indian Health Service □ Medicaid □ Private Insurance
□ Other _________ □ Other Governmental (Federal/State)
□ Self Pay □ Unknown

Is infant being breastfed, even partially?  □ Yes  □ No  □ Unknown

Number of previous caesareans, if applicable ________  □ Not Applicable

CONTINUE
**HOLD HARMLESS**

Even if you select **YES** below, Georgia Vital Records can not guarantee your child will receive a social security number. A SSN will not be issued for this child if the birth certificate cannot be processed due to missing, incorrect or inaccurate information; wrong address; the child’s name is incomplete; the certificate is received in Vital Records one year after the child’s date of birth; computer processing or transmission failures occur; or the SSA does not receive or process the information.

If you check **NO**, then a social security number will not be assigned to this child and you will not receive a social security card in the mail. However, please note that a SSN is required for Federal income tax and other Federal, State and other purposes.

**DO YOU WANT A SOCIAL SECURITY NUMBER ISSUED FOR THIS CHILD?**

☐ **YES**  ☐ **NO**

Thank you for completing this worksheet. Please review the information to verify for accuracy before it is registered for your child’s legal Certificate of Live Birth. Corrections to a registered birth certificate in the first year of life of the child may be done without charge, but certain proofs or evidence are required by law depending upon the requested change; in some situations obtaining a court order may be necessary. Contact your county vital records office or the State Office of Vital Records for more information. After the first birthday of the child, there is a $10.00 fee to make corrections to a birth certificate.

I have reviewed the information and to the best of my knowledge it is accurate and correctly spelled.

_________________________________________________________  ____/____/____
Signature of Mother, Father, or Informant  Month / Day / Year

Printed Name ________________________________  Relation to Child _____________________