

# 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](http://www.georgia.gov) or by calling the state Office of Vital Records or your local Vital Records office.

Thank You

## Fetus Information

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First Name                                      Middle Name                                      Last Name                                      Suffix

*Date of Delivery: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_*

*\*Sex:    Female    Male   \*Time of Delivery: \_\_\_\_\_ : \_\_\_\_\_ <sup>am</sup> <sub>pm</sub>   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

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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: \_\_\_\_\_  
                            *Street and Number*  *Apt. Number*  *Zip Code*  
\_\_\_\_\_   
                            *City*  *County*  *State*  *Country*

*Inside City Limits?*    *Yes*    *No*    *Unknown*   *How long at residence?*   \_\_\_\_ (yrs)   \_\_\_\_ (mos)

*Check Here if Same Mailing Address*      *Contact Number* (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Mailing: \_\_\_\_\_  
                            *Street and Number*  *Apt. Number*  *Zip Code*  
\_\_\_\_\_   
                            *City*  *County*  *State*  *Country*

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 \_\_\_\_\_*

**CONTINUE**

Please CHECK the highest type of advanced degree attained.

- None       Associate's       Bachelor's       Master's       Doctorate

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**Employer**

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**Employer Address**

*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

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First                                      Middle                                      Last                                      Suffix

*Date of Birth:* Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_       *Check if unknown*

\_\_\_\_\_  
*Birthplace (state or territory)*                      *Country*                                      \_\_\_\_\_  
*Social Security Number*

*Check if unknown*

**CONTINUE**

Father's Residence

Address: \_\_\_\_\_

Street and Number

Apt. Number

Zip Code

City

County

State

Country

\*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) \_\_\_\_\_  Unknown
 Other Pacific Islander (Specify) \_\_\_\_\_  Refused
 Other (Specify) \_\_\_\_\_  Not Obtainable

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

1<sup>st</sup> 3 Months of Pregnancy: \_\_\_\_\_ # cigarettes or \_\_\_\_\_ # packs

2<sup>nd</sup> 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) Month Year  
Now Deceased \_\_\_\_\_

Number of other pregnancy outcomes \_\_\_\_\_ Date of last other outcome \_\_\_\_\_ / \_\_\_\_\_  
Month Year

Total number of Prenatal visits for this pregnancy \_\_\_\_\_ Date of first visit \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year

Date of last normal menses \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of last visit \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month / Day / Year Month / Day / Year

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**

