



Maine Center for Disease Control and Prevention (Maine CDC)
244 Water Street
11 State House Station
Augusta, Maine 04333-0011
(207) 287-3771
Fax: (207) 287-1093 TTY Users: Dial 711 (Maine Relay)

State of Maine
Parent Worksheet for Birth Certificate

Case Number: _____

Instructions: Please print plainly with ink. Every item should be carefully completed. The newborn's birth certificate will be prepared from the information on the form. Changes or corrections to the certificate will require a legal procedure. The parent or other informant should complete and sign this worksheet.

Child	1. Child's First Name		2. Middle Name		3. Last Name		4. Suffix (Jr., etc.)																		
	5. Do you want a social security number furnished for your new baby? The advantage of applying for a social security number at birth means that you will not have to visit a social security office in person or furnish evidence to the Social Security Administration. I hereby authorize the State to disclose names, residence, sex and date of birth to the Social Security Administration <input type="checkbox"/> Yes <input type="checkbox"/> No																								
Mother/Parent	6. Mother/Parent First Name		7. Middle Name		8. Last Name		9. Suffix (Jr., etc.)																		
	10. Mother/Parent Name (Prior to first marriage)																								
	11. Date of Birth (mm/dd/yy)		12. Social Security Number		13. Birthplace (State, U.S. territory or foreign country)																				
	14. Mother/Parent Residence Address (Street, city, state, zip, county or U.S. territory, Canadian province, or foreign country)																								
	15. Mother/Parent Mailing Address (Street, city, state, zip, county or U.S. territory, Canadian province, or foreign country)																								
	16. Education (Type of degree, check the highest level at time of delivery) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> 8th Grade or Less</td> <td><input type="checkbox"/> Associate Degree, AA, AS</td> <td><input type="checkbox"/> Unknown</td> </tr> <tr> <td><input type="checkbox"/> 9th - 12th Grade, No Diploma</td> <td><input type="checkbox"/> Bachelor's Degree, BA, AB, BS</td> <td></td> </tr> <tr> <td><input type="checkbox"/> High School Graduate or GED Completed</td> <td><input type="checkbox"/> Master's Degree, MA, MS, MEng, MEd, MSW, MBA</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Some College Credit, but No Degree</td> <td><input type="checkbox"/> Doctorate, PhD, EdD or Professional Degree, MD, DDS, DVM, LLB, JD</td> <td></td> </tr> </table>								<input type="checkbox"/> 8 th Grade or Less	<input type="checkbox"/> Associate Degree, AA, AS	<input type="checkbox"/> Unknown	<input type="checkbox"/> 9 th - 12 th Grade, No Diploma	<input type="checkbox"/> Bachelor's Degree, BA, AB, BS		<input type="checkbox"/> High School Graduate or GED Completed	<input type="checkbox"/> Master's Degree, MA, MS, MEng, MEd, MSW, MBA		<input type="checkbox"/> Some College Credit, but No Degree	<input type="checkbox"/> Doctorate, PhD, EdD or Professional Degree, MD, DDS, DVM, LLB, JD						
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17. Ancestry (Mother/Parent of Hispanic origin? Check the box that best describes whether the mother/parent is of Non-Hispanic origin or Hispanic origin.) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> If Non-Hispanic (Must specify) Non-Hispanic (e.g., Italian, African, American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.) (Specify) _____ </td> <td style="width: 50%; vertical-align: top;"> If Hispanic (Check <u>one</u> box below and <u>must</u> specify if required) <input type="checkbox"/> Mexican, Mexican American, Chicana <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican If Other (Must specify) <input type="checkbox"/> Other Spanish/Hispanic/Latino (e.g., Spaniard, Salvadoran, Columbian) (Specify) _____ </td> </tr> </table>								If Non-Hispanic (Must specify) Non-Hispanic (e.g., Italian, African, American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.) (Specify) _____	If Hispanic (Check <u>one</u> box below and <u>must</u> specify if required) <input type="checkbox"/> Mexican, Mexican American, Chicana <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Dominican If Other (Must specify) <input type="checkbox"/> Other Spanish/Hispanic/Latino (e.g., Spaniard, Salvadoran, Columbian) (Specify) _____																
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18. Race – American Indian, Black, White, etc. (Specify) <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> White</td> <td><input type="checkbox"/> Japanese</td> <td><input type="checkbox"/> Samoan</td> </tr> <tr> <td><input type="checkbox"/> Black or African American</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Other Pacific Islander (Specify) _____</td> </tr> <tr> <td><input type="checkbox"/> American Indian or Alaska Native (Specify) _____</td> <td><input type="checkbox"/> Vietnamese</td> <td><input type="checkbox"/> Other (Specify) _____</td> </tr> <tr> <td><input type="checkbox"/> Asian Indian</td> <td><input type="checkbox"/> Other Asian (Specify) _____</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Chinese</td> <td><input type="checkbox"/> Native Hawaiian</td> <td><input type="checkbox"/> Don't Know/Not Sure</td> </tr> <tr> <td><input type="checkbox"/> Filipino</td> <td><input type="checkbox"/> Guamanian or Chamorro</td> <td><input type="checkbox"/> Refused</td> </tr> </table>								<input type="checkbox"/> White	<input type="checkbox"/> Japanese	<input type="checkbox"/> Samoan	<input type="checkbox"/> Black or African American	<input type="checkbox"/> Korean	<input type="checkbox"/> Other Pacific Islander (Specify) _____	<input type="checkbox"/> American Indian or Alaska Native (Specify) _____	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Other Asian (Specify) _____		<input type="checkbox"/> Chinese	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Don't Know/Not Sure	<input type="checkbox"/> Filipino	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Refused
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Mother/Parent	19. Did mother/parent get WIC food during this pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	20. Confidential (Mother/Parent marital status will not appear on certified copies of the record) Was mother/parent married at conception, birth, or any time in between? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused <ul style="list-style-type: none"> If mother/parent is unmarried at conception, at birth, or during the time between the two events, select "No". Will father/parent sign acknowledgement of paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <ul style="list-style-type: none"> Leave the father/parent section blank unless an acknowledgment of paternity will be signed. 			
Father/Parent	21. Father/Parent First Name	22. Middle Name	23. Last Name	24. Suffix (Jr., etc.)
	25. Date of Birth (mm/dd/yy)	26. Social Security Number	27. Birthplace (State, U.S. territory or foreign country)	
	28. Education: (Type of degree, check the highest level at time of delivery)			
	<input type="checkbox"/> 8 th Grade or Less	<input type="checkbox"/> Associate Degree, AA, AS	<input type="checkbox"/> Unknown	
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Mother/Parent	31. Mother/Parent MaineCare Number			
	32. Principal Source of Payment for This Delivery			
<input type="checkbox"/> MaineCare	<input type="checkbox"/> Self-Pay	<input type="checkbox"/> Champus/Tricare	<input type="checkbox"/> Other	
<input type="checkbox"/> Private Insurance	<input type="checkbox"/> Indian Health Services	<input type="checkbox"/> Other Government	<input type="checkbox"/> Unknown	
Informant	33. Informant (Relationship of informant to baby)			
	<input type="checkbox"/> Mother/Parent	<input type="checkbox"/> Father/Parent	<input type="checkbox"/> If Other (Specify) _____	
	34. Informant Name (First, middle, last) (Please print)			
35. Informant Signature			36. Date Signed	