Dear Expecting Parent,

Congratulations on the anticipation of your new arrival(s)! We would like to offer you the opportunity to complete the necessary documents to process your child(s)' Birth Certificate and Social Security information in advance. Please follow the steps below:

- Review the **Your Baby’s Birth Certificate What You Need to Know** letter.
- Review, Sign and Date the St Tammany Parish Hospital letter **Parents Statement** stating you understand what is needed in order to complete your child(s) birth certificate.
- Complete the two page **Birth Certificate Worksheet**. Be sure to sign, print and date at the bottom of page two, after you have verified that the information is correct. You **DO NOT** need the name of your child to submit the form.
- Complete the **Additional Parent Information** form.
- Finally, once all of the above have been completed, you can bring the completed forms with you when you pre-register for your baby's birth, or fax them to the Birth Certificate Specialist at (985) 898-4482. You may also bring your completed packet to the Birth Certificate Specialist that is located on the first floor of the hospital, in the Health Information Management department. Hours of operation are Monday- Friday 8:00am- 4:00pm.

Accurately completing the forms is vital in the processing of your child(s) birth certificate and social security information. If you have questions or concerns please contact the St Tammany Parish Birth Certificate Specialist at 985-898-3712.
Congratulations! You are about to name your new baby and give us important information for your child’s birth certificate. You have probably been thinking about a name for months, but do you realize how important the other information on a birth certificate is?

The birth certificate is a legal document that will prove your child’s identity, age, parents, and U.S. citizenship. This document will be used by your child throughout his/her life. For example, a birth certificate will be needed by your child to enter school, play sports, apply for a driver’s license, and get a passport. For this reason, it is very important that the information you give us now about your baby, yourself and your baby’s father be complete and correct.

But, birth certificates have other important uses, too. Medical information provided by doctors on birth certificates is studied to learn the best ways of keeping expectant mothers and newborns healthy. For example, studying birth certificates helped doctors learn that smoking in pregnancy can cause lower birth weight babies, and that taking folic acid during pregnancy can reduce some serious birth defects. We also use birth certificates to count the number of births in each state and in the U.S. each year, and to gather statistics about those births. Birth statistics are used by health and medical researchers to study and improve the health of mothers and newborn infants and tell us where to provide programs and services for mothers and babies. Items such as parent’s education, race, and smoking will be used for studies but will not appear on copies of the birth certificate issued to you or your child.

State laws provide protection against the unauthorized release of identifying information from the birth certificates to ensure the confidentiality of the parents and their child. The Center for Records and Statistics is always working to make sure the information you provide is protected. The Center for Records & Statistics will record your baby’s birth certificate and is responsible for keeping each birth certificate safe, secure and private. If you need to make any changes to your baby’s birth record, we will make sure the changes are correctly recorded. The Center for Records and Statistics will issue certified copies of the birth certificate only to those who are authorized under the law to request them. And, they will make sure that birth certificate information used for research does not include any personal information about you, your baby or your baby’s father.

You can also help to keep your child’s birth certificate safe and secure by following these simple rules:

- Never sign a blank birth certificate worksheet.
- Always check over the information you have filled out to make sure it is complete and correct before you sign.
- When you receive an official copy of the birth record, check it immediately to see that it is complete and correct. Make any corrections as soon as possible and return the corrections to the Louisiana Center for Records and Statistics at the address listed below.
- Keep any certified copies of the birth certificate in a safe place.
- Make sure any certified copies that are sent by mail for official purposes (such as applying for a passport) are returned to you.
- Never give anyone else your child’s birth certificate for any purpose.
- Never alter anything on a certified copy of a birth certificate.

If you have any questions about your baby’s birth certificate, please contact us as shown below.

We thank you for providing this important information.

Center for Records and Statistics
P. O. Box 60630, New Orleans, LA 70160
Phone: (504) 593 - 5100
Fax: (504) 568 - 8716
Email: _dhvitalweb@la.gov
Dear Expecting Parent(s),

Congratulations on the birth of your baby, per Department of Health and Hospitals Office of Public Health Louisiana Vital Records Registry Louisiana law (LSA R.S. 40:44) provides that a certificate of every child’s birth shall be filed with the Registrar of Vital Records within fifteen (15) days after the birth. For births that occur within a hospital or en route thereto, the law (LSA R.S. 40:45) requires that the hospital prepare the birth record. In addition to the medical information normally maintained by your hospital, the birth registration authority requires that detailed information be collected about the mother and father. That information must be provided by the parents or some other person who is knowledgeable about the parents. Louisiana Vital Statistics law establishes severe penalties (LSA R.S. 40:61) in terms of both fines and imprisonment for any person convicted of willfully and knowingly making false statements intended for use in preparing a birth record or who refuses to provide required information.

If you have any questions regarding the above, please contact the Birth Certificate Clerk at St. Tammany Parish Hospital 1202 S. Tyler St., Covington, LA. 70433, or call 985-898-3712.

**Parents Statement:**

I understand that the above information is required to complete the birth registration process. If I fail to provide the information before the “Scheduled Record Transmission Date”, I understand that my child’s birth record will be processed in a suspended status and that no certified copies will be issued until all discrepancies are resolved. I will not receive a complimentary certified copy. It will be my responsibility to contact Vital Records Registry and resolve all discrepancies. I will be responsible for the payment of all statutory document alteration/correction and issuance fees.

____________________________________  ______________________
Parent’s Signature                              Date

**Hospital Representative Statement:**

This will certify that the parents failed to provide the above cited information within the prescribed time period.

**Process the birth record as a suspended record.**

____________________________________  ______________________
Representative’s Signature                             Date
BIRTH CERTIFICATE WORKSHEET

CHILD’S NAME

Last First Middle Suffix

Would you like to request a social security number for your child?* (Check one) [] Yes [] No

(Signature of Infant’s Mother or Father) (Date)

(MOTHER’S CURRENT LEGAL NAME.)

Last First Middle Suffix

MOTHER’S DATE OF BIRTH

MOTHER’S PLACE OF BIRTH (COUNTRY, STATE AND CITY (WHERE HOSPITAL IS LOCATED).)

[ ] 1st/ __/ _____ (MM/DD/YY) Country STATE/TERRITORY/PROVINCE CITY

MOTHER’S MAIDEN NAME (LAST NAME PRIOR TO MARRIAGE)

Last First Middle Suffix

MOTHER’S RESIDENCE

Street Address City/State Apt. # Zip Code

Parish/County Within City Limits? [ ] Yes [ ] No [ ] Unknown

(Mailing Address If Different From Residence)

MARITAL STATUS

MOTHER’S SOCIAL SECURITY PHONE NUMBER

Has Mother Ever Married? [ ] Yes [ ] No

Was Mother married at birth, conception or any time in between? [ ] Yes [ ] No

If NO, has paternity acknowledgement been signed in the hospital? [ ] Yes [ ] No

Number of previous live births (do not include this child) # of children now living ______

# of children now dead ______

Date of last live birth __/__/____ (mm/dd/yy)

Number of other pregnancy outcomes (miscarriages, abortions-spontaneous or induced losses or ectopic pregnancies) (do not include this one) # of these outcomes ______

Date of last Preg. Outcome __/__/____ (mm/dd/yy)

NOTE: The following information is mandatory for statistical purposes by the State of Louisiana.

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

[ ] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled principal tribe):__________________ [ ] Other Asian (Specify)__________________
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)__________________
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)__________________
[ ] Other (Specify)__________________
[ ] Unknown

Mother’s Education: check highest level completed at time of delivery.

[ ] 8th grade or less
[ ] 9th – 12th grade, no diploma
[ ] High school graduate or GED completed.
[ ] Some college credit, no Degree.
[ ] Associate degree (e.g. AS, AA)
[ ] Bachelor’s degree (e.g. BS)
[ ] Master’s degree (e.g. MA, MS, MEng, Med, MSW, MBA)
[ ] Doctorate (e.g. PhD, Ed.D, or a Professional degree (MD, DDS, DVM, LLB, JD.))
[ ] Unknown

Is Mother of Hispanic origin? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina) (Check the “No” box if mother is not Spanish/Hispanic/Latina)

[ ] No, not Spanish/Hispanic/Latina
[ ] Yes, Mexican, Mexican American
[ ] Yes, Puerto Rican
[ ] Yes, Cuban
[ ] Yes, other Spanish/Hispanic/Latina (Specify) [ ] Unknown if Hispanic/Spanish/Latina

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

[ ] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled principal tribe):__________________ [ ] Other Asian (Specify)__________________
[ ] Asian Indian
[ ] Chinese
[ ] Filipino
[ ] Japanese
[ ] Korean
[ ] Vietnamese
[ ] Other Asian (Specify)__________________
[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)__________________
[ ] Other (Specify)__________________
[ ] Unknown

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

[ ] White
[ ] Black or African American
[ ] American Indian or Alaska Native (Name of the enrolled principal tribe):__________________ [ ] Other Asian (Specify)__________________
[ ] Asian Indian
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[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)__________________
[ ] Other (Specify)__________________
[ ] Unknown

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[ ] White
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[ ] Native Hawaiian
[ ] Guamanian or Chamorro
[ ] Samoan
[ ] Other Pacific Islander (Specify)__________________
[ ] Other (Specify)__________________
[ ] Unknown

Alcohol use during pregnancy? [ ] Yes [ ] No

INSURANCE:
[ ] Medicaid
[ ] Private
[ ] Self-Pay
[ ] Champus-Tricare

Cigarette smoking before and during pregnancy? (If none, enter "0")

Average # of cigarettes or packs smoked per day:

3 Months Before Pregnancy _____ # cigs. OR _____ # pks.

First 3 Months of Pregnancy _____ # cigs. OR _____ # pks.

Second 3 Months of Pregnancy _____ # cigs. OR _____ # pks.

Third Trimester of Pregnancy _____ # cigs. OR _____ # pks.
# FATHER’S INFORMATION:

<table>
<thead>
<tr>
<th>Last</th>
<th>First</th>
<th>Middle</th>
<th>Suffix</th>
</tr>
</thead>
</table>

## FATHER’S CURRENT LEGAL NAME

## PLEASE DO NOT FORGET TO SIGN AT BOTTOM OF PAGE.

MOTHER’S OR FATHER’S SIGNATURE IS REQUIRED FOR THE COMPLETION OF THE BIRTH CERTIFICATE

Name of person providing information for this worksheet: 

<table>
<thead>
<tr>
<th>LAST</th>
<th>FIRST</th>
<th>MIDDLE</th>
<th>Suffix</th>
</tr>
</thead>
</table>

Relationship to the baby: 

<table>
<thead>
<tr>
<th>[ ] Parent</th>
<th>[ ] Other (Specify)</th>
</tr>
</thead>
</table>

Date worksheet was completed: 

<table>
<thead>
<tr>
<th>[ ] 8th grade or less</th>
<th>[ ] 9th – 12th grade, no diploma</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] High school graduate or GED completed</td>
<td>[ ] Some college credit but no degree</td>
</tr>
<tr>
<td>[ ] Associate degree (e.g. AS, AA)</td>
<td>[ ] Bachelor’s degree (e.g. BS AB BA)</td>
</tr>
<tr>
<td>[ ] Master’s degree (e.g. MA, MS, MEng, MEd, MSW&lt; MBA)</td>
<td>[ ] Doctorate (e.g., PhD, EdD) or Professional degree (MD, DDS, DVM, LLB&lt; JD)</td>
</tr>
<tr>
<td>[ ] Unknown</td>
<td></td>
</tr>
</tbody>
</table>

Is Father of Hispanic Origin?

<table>
<thead>
<tr>
<th>[ ] NO, Not Spanish/Hispanic/Latino</th>
<th>[ ] Yes, Mexican, Mexican American/Chicano</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes, Puerto Rican</td>
<td>[ ] Yes, Cuban</td>
</tr>
<tr>
<td>[ ] Yes, Other: Spanish/Hispanic/Latino</td>
<td>[ ] Unknown if Spanish/Hispanic/Latino</td>
</tr>
</tbody>
</table>

Father’s Race: 

<table>
<thead>
<tr>
<th>[ ] White</th>
<th>[ ] Black or African American</th>
</tr>
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<tbody>
<tr>
<td>[ ] American Indian or Alaska Native</td>
<td>[ ] [Name of the enrolled or principal tribe: ___________________________</td>
</tr>
</tbody>
</table>

Father’s Education: 

[ ] Associate degree (e.g. AS, AA) 

[ ] Bachelor’s degree (e.g. BS AB BA) 

[ ] Master’s degree (e.g. MA, MS, MEng, MEd, MSW< MBA) 

[ ] Doctorate (e.g., PhD, EdD) or Professional degree (MD, DDS, DVM, LLB< JD) 

[ ] Unknown

Is Father of Hispanic Origin?

[ ] NO, Not Spanish/Hispanic/Latino 

[ ] Yes, Mexican, Mexican American/Chicano 

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[ ] Yes, Cuban 

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<td>[ ] American Indian or Alaska Native</td>
<td>[ ] [Name of the enrolled or principal tribe: ___________________________</td>
</tr>
</tbody>
</table>

*IF YOU CHECK “YES”, DISCLOSURE OF PARENTAL SOCIAL SECURITY NUMBERS IS REQUIRED BY 42 USC 405(C)(2) AS AMENDED BY SECTION 1090(B) OF PUBLIC LAW 105-34. THE INFORMATION WILL BE USED BY THE INTERNAL REVENUE SERVICE SOLELY FOR THE PURPOSE OF DETERMINING EARNED INCOME TAX CREDIT COMPLIANCE.

I, the undersigned, certify that the above stated information is true and correct to the best of my knowledge.

SIGNATURE: ___________________________ DATE: __________________

PRINT NAME: ___________________________
### ADDITIONAL PARENT INFORMATION NEEDED TO COMPLETE BIRTH CERTIFICATE

#### MOTHER’S ADDITIONAL INFORMATION NEEDED

<table>
<thead>
<tr>
<th>Contact Phone Number with area code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed? Yes No</td>
</tr>
</tbody>
</table>

#### MOTHER’S EMPLOYMENT INFORMATION

<table>
<thead>
<tr>
<th>Company Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Company Phone Number:</td>
</tr>
<tr>
<td>Job Title:</td>
</tr>
<tr>
<td>Manager/Supervisor Name:</td>
</tr>
<tr>
<td>Company Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip Code:</td>
</tr>
</tbody>
</table>

#### FATHER’S ADDITIONAL INFORMATION NEEDED

<table>
<thead>
<tr>
<th>Contact Phone Number with area code:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home Address: Apt. Number:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip Code:</td>
</tr>
<tr>
<td>Employed? Yes No</td>
</tr>
</tbody>
</table>

#### FATHER’S EMPLOYMENT INFORMATION

<table>
<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
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<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>Zip Code:</td>
</tr>
</tbody>
</table>

#### INSURANCE INFORMATION

<table>
<thead>
<tr>
<th>Insurance Company:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Number:</td>
</tr>
<tr>
<td>Will Child be added to Insurance Policy? Yes No</td>
</tr>
<tr>
<td>Whose Insurance Policy: Mother Father</td>
</tr>
<tr>
<td>Customer Service Contact:</td>
</tr>
<tr>
<td>Customer Service Phone Number:</td>
</tr>
</tbody>
</table>

Acknowledgement of Paternity Affidavits are to be completed in the hospital at the time of birth. They are submitted to the Vital Records Registry with the birth certificate application and are processed and filed without charge. Your child’s birth certificate will reflect the name and paternity information shown on the Affidavit. If Acknowledgement of Paternity Affidavit is not completed in the hospital following your child’s birth, statutory fees must be applied to complete special processing the Vital Records Central Office by the parent(s).

**Paternity Information**

<table>
<thead>
<tr>
<th>Acknowledgement of Paternity: Child Born Outside of Marriage</th>
<th>Three-Party Acknowledgement of Paternity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgement of Paternity Affidavits are legal documents and are completed at the hospital after the delivery of your child, if applicable. This Acknowledgement of Paternity Affidavit is used to add the biological father to the child’s birth certificate if the mother was not married at the time of the birth or within 300 days of the birth. If the mother was married to someone other than the biological father when she became pregnant or anytime during the pregnancy, a Three-Party Acknowledgement of Paternity must be completed at the hospital with the birth certificate specialist.</td>
<td></td>
</tr>
<tr>
<td>• Acknowledgement of Paternity Affidavit may not be signed before your child is born.</td>
<td></td>
</tr>
<tr>
<td>• This is a legal document, and must be completed in black ink. Do not alter the form, use liquid paper, or make any scratch outs. Forms that have been altered will be rejected.</td>
<td></td>
</tr>
<tr>
<td>• Complete each item on the form. List your current insurance coverage even if it did not cover the hospital bill for your child’s birth.</td>
<td></td>
</tr>
<tr>
<td>• Both mother and father will need to list their Social Security Number on the form.</td>
<td></td>
</tr>
<tr>
<td>• Both parents must sign this form in the presence of the birth certificate specialist. You will be required to present a state or federal picture identification.</td>
<td></td>
</tr>
<tr>
<td>Three-Party Acknowledgement of Paternity Affidavit is used to add the biological father to a child’s birth certificate if the mother was married to someone other than the biological father at the time of the child’s birth or if she had not been divorced at least 300 days prior to the child’s birth.</td>
<td></td>
</tr>
<tr>
<td>This form requires a “Legal” or “Court Legal” DNA-based paternity test confirming the biological father according to Louisiana Law. Any questions regarding the Louisiana Law or acceptable DNA testing, please call Vital Records at (504) 593-5100.</td>
<td></td>
</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>• This is a legal document, and must be completed in black ink. Do not alter the form, use liquid paper, or make any scratch outs. Forms that have been altered will be rejected.</td>
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<td>• Both mother and biological father will need to list their Social Security Number on the form.</td>
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<td></td>
</tr>
</tbody>
</table>