

BIRTH REGISTRATION INSTRUCTIONS

1. **Complete each page, answering every question and signing where required.**
2. **Birth Registry staff will collect these completed forms the day after delivery from your post-partum room.**

- After collection we will be processing and presenting to you a Parent Notice for review and requires a signature confirming accuracy.
- If you are not legally married to the biological father of your child, an "Acknowledgement of Paternity" is required.
- The Acknowledgement of Paternity will be presented to you when we visit to collect your completed Birth Registry application.
- Father must be present and have a valid government- issued photo ID to sign an Acknowledgment of Paternity.
- YNHH/York Street will put your completed Birth Registry paperwork on "hold" status for up to 7 days after delivery if requested.

You may collect the Birth Certificate from your Town Hall/Vital Record Office after 2 weeks. A fee of \$20 and a valid photo ID from mother or father are required to do so. The Social Security card will be mailed to your home within 6 weeks.

If you have questions or concerns, contact us at 203-688-2308. Please leave a message if we are not available.

****PLEASE DO NOT BEND OR FOLD****

MOTHER'S MEDICAL RECORD #

CHILD'S MEDICAL RECORD #

MOTHER'S NAME:

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH



Rev 1/2017

MOTHER'S WORKSHEET FOR CHILD BIRTH CERTIFICATE (v2003)

Adapted by CT DPH from the NVSS Mother's Worksheet for the 2003 Live Birth Certificate

The information you provide below will be used to create your child's birth certificate. The birth certificate is a document that will be used for legal purposes to prove your child's age, citizenship and parentage. This document will be used by your child throughout his/her life. 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.

It is very important that you provide complete and accurate information to all of the questions. In addition to information used for legal purposes, other information from the birth certificate is used by health and medical researchers to study and improve the health of mothers and newborn infants. 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.

**PARENTS – THIS FORM IS NOT TO BE TAKEN HOME.
PLEASE PROVIDE TO YOUR HOSPITAL'S BIRTH REGISTRAR BEFORE DISCHARGE.**

CHILD'S INFORMATION

1a. Child's Legal Name: Print your child's name EXACTLY as you want it to appear on the birth certificate. To change it in the future will require a court ordered legal name change decree.

First Middle Last Generational ID

Child's name not yet chosen

Date of birth of this child

___ / ___ / ___

Month Day Year

Sex of this child

- Male
 Female
 Undetermined

Plurality of this birth

Include all infants delivered (alive or dead) in this pregnancy when determining plurality and birth order.

- Singleton
 Twins
 Triplets
 Quadruplets
 Other _____

Birth Order of this child

If a multiple birth, circle the birth order of the child named above.

- 1st born
 2nd born
 3rd born
 4th born
 Other _____

INFORMATION ON MOTHER

2a. Mother's current legal name

First Middle Last Generational ID

2b. Mother's name prior to her first marriage (Maiden name; Last name given at birth or on Birth Certificate)

SAME AS CURRENT LEGAL NAME

First Middle Last Generational ID

2c. Mother's date of birth

____ / ____ / ____
 Month Day Year

2d. Mother's Place of Birth

U.S. State _____

U.S. territory _____
 (i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas)

Foreign country _____

If CANADA, provide province _____

2e. Although your marital status does not print on your child's birth certificate, it is necessary to register the record legally and properly. Failure to provide accurate marital status information can cause legal difficulties throughout your child's life.

Were you married at the time you conceived this child, at the time of birth, or at any time between conception and giving birth?

Yes

No *If no, has a paternity acknowledgment been completed? (That is, have you and the biological father signed a State of Connecticut Acknowledgment of Paternity form in which the father accepted legal responsibility for the child?)*

Yes, a paternity acknowledgment has been completed.

No, a paternity acknowledgment has not been completed. *Information about the biological father cannot be included on the birth certificate. Information about the procedures for adding the father's information to the Birth Certificate after it has been filed can be obtained from the State Vital Records Office.*

2f. Mother's Residence:

Provide the actual street location and the official name of the town/city where your permanent residence is located. For example, the location for paying taxes, voting, etc., but not necessarily used for mailing address.

House Number _____ Street (Do not enter PO Boxes or Rural Route numbers) _____ Apt / Unit _____

City/Town _____ State _____ ZIP code _____

County: _____ If not United States, country _____

Is the residence inside city limits? (Non-CT residents only) Yes No Don't know

How long has the Mother lived at the current residence reported above? _____ Years _____ Months

2g. Address where mail is received: Same as residence address above

House Number _____ Street, Rural Route, P.O. Box _____ Apt / Unit _____

City/Town _____ State _____ ZIP code _____

County: _____ If not United States, country _____

3a. Mother's Spoken Language (check all that apply):

American sign language (ASL)

Armenian

Chinese, Cantonese

Chinese, Mandarin

English

French (including Cajun, Patois)

French Creole (for example, Haitian)

Gujarathi

Khmer

Korean

Laotian

Persian

Polish

Portuguese

Russian

Serbo-Croatian

Spanish

Vietnamese

Other Language —specify: _____



Race and Hispanic Ethnicity: Race and ethnicity are self-identification data items in which respondents choose the race or races with which they most closely identify and indicate whether or not they are of Hispanic, Latino/a, or Spanish origin. Race and ethnicity are considered separate and distinct identities.

Please complete both items.

Definition of Hispanic, Latino/a, or Spanish Origin:

Hispanic origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be any race.

- "Hispanic, Latino/a, or Spanish origin" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin – *regardless of race.*

3b. Is the Mother Spanish/Hispanic/Latina?

- No, not Spanish/Hispanic/Latina
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latina:

_____ (e.g. Spaniard, Salvadoran, Dominican, Columbian)

Definition of Race Categories:

A person may indicate self-identification with two or more races by selecting multiple race categories.

- "White" refers to a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race(s) as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.
- "Black or African American" refers to a person having origins in any of the Black racial groups of Africa. It includes people who indicate their race(s) as "Black, African American, or Negro"; or report entries such as African American, Kenyan, Nigerian, or Haitian.
- "American Indian and Alaska Native" refers to a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- "Asian" refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- "Native Hawaiian and Other Pacific Islander" refers to a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

3c. Mother's Race: Please check one or more races to indicate what she considers herself to be.

- White
- Black or African American
- American Indian or Alaska Native:

_____ (name of enrolled or principal tribe)

Asian

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian:

_____ (e.g., Thai, Cambodian, Malaysian)

Pacific Islander

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander:

- Other Race:

4a. Mother's Social Security Number:

Furnishing parent Social Security Numbers (SSNs) is required by Federal Law, 42 USC 405(c) (section 205(c) of the Social Security Act). The numbers will be made available to the Connecticut Department of Social Services to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.

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I DO NOT HAVE A SOCIAL SECURITY NUMBER

4b. Mother's occupation:

(Ex. Nurse's aide, machine operator, car salesman, student, homemaker)

4c. Mother's type of business/industry:

(Ex. Nursing home, toy manufacturer, auto dealership, high school, own home)

4d. Highest level of schooling the Mother has completed at time of delivery:

Check the box that best describes her education. If currently enrolled, check the box that indicates the previous grade or highest degree received.

- 8th grade or less
- 9th-12th grade, no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate degree (e.g. AA, AS) [Technical school?]
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- Doctorate or Professional degree (e.g. PhD, EdD, MD, LLB)

4e. Did the Mother receive WIC (Women's, Infant & Children) food for herself because she was pregnant with this child?

- Yes
- No

4f. Did the Mother smoke just before or during this pregnancy? (Do not include e-cigarettes or vaping cigarettes)

- Yes, I smoked during the three months before I became pregnant and/or while I was pregnant.
For the three months before pregnancy, on an average day I smoked: _____ cigs or _____ packs.
During the first 3 months of pregnancy, on an average day I smoked: _____ cigs or _____ packs.
During the second 3 months of pregnancy, on an average day I smoked: _____ cigs or _____ packs.
During the last 3 months of pregnancy, on an average day I smoked: _____ cigs or _____ packs.
- No, I did not smoke during the three months before I became pregnant or while I was pregnant.

4g. Did the Mother use alcohol regularly during this pregnancy? If so, how many drinks did she consume in *an average week*?

- No, I did not drink regularly during this pregnancy.
- Yes, I drank _____ drinks in *an average week* during this pregnancy.

4h. Mother's height:

_____ feet _____ inches

4i. Mother's weight immediately before she became pregnant with this child:

Pre-pregnancy weight was _____ pounds



INFORMATION ON FATHER

Fill in the Father's information ONLY if the parents are legally married to each other or if both parents have signed the VS 56 "ACKNOWLEDGEMENT OF PATERNITY" form.

5a. Father's current legal name:

First Middle Last Generational ID

5b. Father's name prior to first marriage (Last name given at birth or on Birth Certificate)

SAME AS CURRENT LEGAL NAME

First Middle Last Generational ID

5c. Father's date of birth:

___ / ___ / ___

Month Day Year

5d. Father's Place of Birth:

U.S. State _____

U.S. territory _____
(i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas)

Foreign country _____

If CANADA, provide province _____

6a. Father's spoken language:

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> American sign language (ASL) | <input type="checkbox"/> Gujarathi | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Khmer | <input type="checkbox"/> Serbo-Croatian |
| <input type="checkbox"/> Chinese, Cantonese | <input type="checkbox"/> Korean | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Chinese, Mandarin | <input type="checkbox"/> Laotian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> English | <input type="checkbox"/> Persian | <input type="checkbox"/> Other Language -specify: _____ |
| <input type="checkbox"/> French (including Cajun, Patois) | <input type="checkbox"/> Polish | |
| <input type="checkbox"/> French Creole (for example, Haitian) | <input type="checkbox"/> Portuguese | |

Race and Hispanic Ethnicity: Race and ethnicity are self-identification data items in which respondents choose the race or races with which they most closely identify and indicate whether or not they are of Hispanic, Latino/a, or Spanish origin. Race and ethnicity are considered separate and distinct identities.

Please complete both items.

Definition of Hispanic, Latino/a, or Spanish Origin:

Hispanic origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be any race.

- "Hispanic, Latino/a, or Spanish origin" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin – regardless of race.

6b. Is the Father Spanish/Hispanic/Latino?

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latina:

_____ (e.g. Spaniard, Salvadoran, Dominican, Columbian)



Definition of Race Categories:

- "White" refers to a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race(s) as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.
- "Black or African American" refers to a person having origins in any of the Black racial groups of Africa. It includes people who indicate their race(s) as "Black, African American, or Negro"; or report entries such as African American, Kenyan, Nigerian, or Haitian.
- "American Indian and Alaska Native" refers to a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- "Asian" refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- "Native Hawaiian and Other Pacific Islander" refers to a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

6c. Father's Race: Please check one or more races to indicate what he considers himself to be.

- White
- Black or African American
- American Indian or Alaska Native:

_____ (name of enrolled or principal tribe)

Asian

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian:

_____ (e.g., Thai, Cambodian, Malaysian)

Pacific Islander

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander:

- Other Race:

7a. Father's Social Security Number:

Furnishing parent Social Security Numbers (SSNs) is required by Federal Law, 42 USC 405(c) (section 205(c) of the Social Security Act). The numbers will be made available to the Connecticut Department of Social Services to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.

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I DO NOT HAVE A SOCIAL SECURITY NUMBER

7b. Father's occupation:

(Ex. Nurse's aide, machine operator, car salesman, student, homemaker)

7c. Father's type of business/industry:

(Ex. Nursing home, toy manufacturer, auto dealership, high school, own home)

7d. Highest level of schooling the Father has completed at time of delivery: Check the box that best describes her education. If currently enrolled, check the box that indicates the previous grade or highest degree received.

- 8th grade or less
- 9th-12th grade, no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate degree (e.g. AA, AS) [Technical school?]
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, Meng, Med, MSW, MBA)
- Doctorate or Professional degree (e.g. PhD, EdD, MD, LLB)



IMMUNIZATION INFORMATION

This additional information is requested by the CT Immunization Registry and Tracking System which will keep track of your child's preschool immunizations. If you do not wish to participate, you must sign the refusal box on the separate CT Immunization Registry and Tracking System (CIRTS) enrollment form.

8a. Pediatrician Information:

Name of baby's doctor: _____
First Middle Last Generational ID

Name of doctor's practice: _____

Town of doctor/clinic: _____

EMERGENCY CONTACT

8b. Emergency Contact Name: _____
Contact's Telephone #: _____

8c. Mother's Telephone # _____

INFORMANT INFORMATION

8d. Informant's Information:

Relationship to this child: Mother Father Other relative Hospital employee
 Other – specify _____

Full name of person providing information in this form:

First Middle Last Generational ID

Signature of Informant: _____ Date: _____

Please provide this completed worksheet to your hospital's Birth Registrar before discharge.



Social Security Numbers for Newborns

The State of Connecticut Department of Public Health and the Federal Social Security Administration are offering you this valuable service.

A NOTE FROM SSA:

The easiest time to get a Social Security Number for your child is when you give information for your child's birth certificate. If you wait to apply at a Social Security office, you will need to provide proof of your child's U.S. Citizenship, age and identity. Social Security will also need to verify your child's birth certificate which may take up to 12 weeks.

By completing this form and requesting a Social Security number for your new baby, the State of Connecticut Department of Public Health will electronically transmit your request to the Federal Social Security Administration. A Social Security card will be mailed to you within 3 weeks, eliminating the need for you to personally visit a Social Security office with evidence of your child's identity, birth date and citizenship.

Must your child have a Social Security Number? No, it is voluntary. However, your child will need a Social Security Number in order for you to claim your child on your income tax return, open a bank account for your child, buy savings bonds for your child, obtain medical coverage for your child, apply for government services for your child.

Social Security rarely uses the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g. to the Government Accountability Office and Department of Veteran's Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

Social Security may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies.

FOR INFORMATION OR ANSWERS TO YOUR SOCIAL SECURITY QUESTIONS, Please contact the Federal Social Security Administration at www.socialsecurity.gov or call toll free: 1-800-772-1213 (for deaf or hard of hearing: call the TTY line at 1-800-325-0778).

ENUMERATION AT BIRTH CONSENT FORM

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 issued for your baby?

YES NO

2) Do you authorize the Social Security Administration to provide the Social Security number to the State of Connecticut to add it to the State's birth file? (The confidentiality of Connecticut birth records is protected by state statute (§CGS 7-51))

YES NO

Signature of Parent _____ Date _____



STATE OF CONNECTICUT

TREASURER SHAWN T. WOODEN

Congratulations on your new baby! As the father of two boys, I remember the joy of this experience well and I am very happy for your new gift of life.

In all the excitement of this wonderful moment, saving for your child's college education is probably the last thing on your mind. But right now is actually the perfect time to get started.

I am in charge of the state's college-savings program, the Connecticut Higher Education Trust (CHET), which includes the CHET Baby Scholars initiative to give you a head start on having the resources to send your child to college.

With this initiative, when you open a CHET account, the state will deposit the first \$100, without any contribution from you. If you contribute \$150, or save \$150 within the first four years, the state will give you an additional \$150 to put into your child's savings account!

I've had CHET accounts for my kids for a number of years. But I can honestly tell you that I wish I opened them up much earlier than I did.

All you have to do to get started is complete the information at the bottom of this form. Just by checking the box, you will put your child on the path forward to wherever their dreams may take them.

CHET will send you an application packet to help you open the account, or you can open an account online and sign up for CHET Baby Scholars at www.aboutchet.com/babyscholars.

In only minutes, you can start building your child's foundation to a lifetime of success!

Sincerely,

Shawn T. Wooden



Shawn T. Wooden
Connecticut State Treasurer

The CHET direct-sold plan is administered by the Office of Connecticut State Treasurer Shawn T. Wooden. TIAA-CREF Individual & Institutional Services, LLC, Member FINRA and SIPC, distributor and underwriter for CHET. 877588

Yes, please send me information about the CHET Baby Scholars program.

Child's Name _____ Mother's Name _____

Child's Date of Birth _____ Child's State of Residency _____

(NOTE: the child must reside in Connecticut to participate in the CHET Baby Scholars program.)

**MyChart – Access Authorization
with Minor Proxy**



**YALE NEW HAVEN
HEALTH**

Minor/Child Information

*Complete one authorization per minor child less than 18 years of age.
All fields are required.*

Patient Name: _____ [] Male [] Female
Relationship to Parent/Guardian: _____ DOB: _____ Age: _____

Parent/Guardian Information

All fields are required.

Parent/Guardian Name: _____ DOB: _____
Address: _____ Email address: _____
City, State, Zip: _____ Phone Number: _____

MyChart Terms and Conditions

I understand the following:

- MyChart contains selected, limited medical information from a patient's medical record and does not reflect the complete contents of the medical record. A paper copy of a patient's medical record may be requested from the patient's health care provider.
- My activities within MyChart are tracked by computer audit, and entries I make can become part of my medical record or my minor child's medical record.
- My access to certain information about my minor child will be limited upon my minor child's thirteenth birthday in accordance with Connecticut state law. At this time, my teen minor will also be eligible to activate his/her own MyChart account.
- If my teen minor has special health care needs, my child's provider may authorize full access to his/her MyChart account if considered to be in his/her best interest. My teen minor may also authorize my full access to his/her MyChart account after discussion of privacy rights with his/her provider.
- A reminder regarding any changes to my teen minor's MyChart account will be sent via message to the email listed on the proxy account 30 days in advance of the change. I understand I will receive the email notification and then will need to login to view the message.
- I agree to abide by the Yale New Haven Health System MyChart Terms and Conditions, which are available at <https://mychart.ynhhs.org/mychart-PRD/default.asp?mode=stdfile&option=termsandconditions>

By signing below, I acknowledge that I am providing documentation of my authorization to access the protected health information of the minor child described above. I certify that I am the parent or the legal guardian for the patient named above, and that the information I have provided is true and correct.

Parent/Guardian Signature: _____ Date: _____

For Office Use Only

Patient MRN: _____	Proxy Activation Date: _____
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