



# Dallas County Clerk's Vitals Division

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500 Elm St., Suite #2100  
Dallas, Texas 75202  
(214) 653-7099

## Required Documentation for Home Birth Registration

### 1. Parents' Identification

The identifying document, with photograph, shall be presented in the following order of preference:

- A passport or certification of naturalization
- A military service or military dependent identification card
- A U.S. government ID card, or national identification card issued by another country
- A current driver's license or other state identification card
- An alien registration receipt card
- An employee or student identification card, with photograph

[25 TAC §181.26 (d)]

### 2. Parent's Worksheet for Child's Birth Certificate (VS-109.1)

### 3. Medical Data Worksheet for Child's Birth Certificate (VS109.2)

This form is provided by the hospital. A sample form has been included for your convenience.

### 4. ImmTrac2 Immunization Registry Newborn Registration Form (F11-11936)

### 5. Proof of pregnancy:

- A notarized affidavit presented from a licensed, registered, or certified health care provider who is qualified to determine pregnancy as part of the scope of his or her license, registration, or certification; or
- An affidavit (notarized) along with photocopy of ID (for example, a driver's license or government ID, etc.) presented from one person, other than the parents, having knowledge of the pregnancy/birth.

### 6. Proof that there was an infant born alive:

- A medical record or a letter from a licensed, registered, or certified health care provider or medical institution; or
- An affidavit (notarized) along with photocopy of ID (for example, a driver's license or government ID, etc.) presented from one person, other than the parents, having knowledge of the pregnancy/birth.

**7. Proof that the birth occurred in the registration district:**

- If the birth occurred outside of the mother's primary place of residence, proof shall consist of a notarized affidavit along with a photocopy of ID from a person having knowledge of the mother's presence in the registration district on the date of the birth.
  
- If the birth occurred in the mother's primary place of residence, proof of residence in the following order of preference:
  - A utility bill, telephone, or other bill, which includes the mother's name and address;
  - A rent receipt which includes the mother's name, address, and signature of the mother's landlord;
  - A driver's license, or state issued identification card, which includes the mother's current address on the face of the license or card;
  - An envelope addressed to the mother at her place of residence, and post marked prior to the date of birth; or
  - An affidavit (notarized) attesting to the mother's place of residence along with a photocopy of ID from a person, other than the father, who was either living with the mother at the time of the alleged birth, or has other knowledge of the mother's residency.

**8. Proof that the infant's birth occurred on the date stated:**

- A medical record or a letter from a licensed, registered, or certified health care provider or medical institution.; or
  
- An affidavit (notarized) presented from one person along with photocopy of ID, other than the parents, having knowledge of the pregnancy/birth. [25 TAC §181.26 (c)]

*If the birth occurred within the city limits of Dallas, please call the City of Dallas Vital Statistics office at 214-670-3248.*



# Birth Worksheet for Child's Birth Certificate

This birth certificate worksheet is a tool to help your facility collect the necessary information for reporting births in TxEVER, the Texas Electronic Vital Events Registrar. Medical personnel should complete this worksheet. The information you report in TxEVER is used to create a child's birth certificate. Ensure the information you report is correct so that an accurate birth certificate is created. The birth certificate is a legal document that the child will use throughout their life to prove their identity, birthplace, and parentage. The State of Texas safeguards against the unauthorized release of identifying information from birth certificates to protect the confidentiality of parents and their child.

Newborn			
Newborn Information			
<b>Record Type:</b> <input type="checkbox"/> Born at this facility <input type="checkbox"/> Born en-route to facility <input type="checkbox"/> Foundling/ Safe Haven <input type="checkbox"/> Home birth-Intended <input type="checkbox"/> Home birth-Intent unknown <input type="checkbox"/> Home birth-Unintended <input type="checkbox"/> Surrogacy-1 Parent <input type="checkbox"/> Surrogacy-2 Parent	<b>Plurality:</b> <input type="checkbox"/> Single <input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Quadruplets <input type="checkbox"/> Quintuplets <input type="checkbox"/> Sextuplets <input type="checkbox"/> Septuplets <input type="checkbox"/> Eight <input type="checkbox"/> Nine <input type="checkbox"/> Ten <input type="checkbox"/> Unknown	<b>Birth Order:</b> <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Fifth <input type="checkbox"/> Sixth <input type="checkbox"/> Seventh <input type="checkbox"/> Eighth <input type="checkbox"/> Ninth <input type="checkbox"/> Tenth <input type="checkbox"/> Conjoined	<b>Is Child Unnamed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>First Name:</b>	<b>Middle Name:</b>	<b>Last Name:</b>	<b>Suffix:</b>
<b>Date of Birth:</b> ____ / ____ / _____	<b>Time of Birth:</b> __: __ <input type="checkbox"/> AM <input type="checkbox"/> PM	<b>Sex:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown/ Not yet Determined	<b>Infant's Medical Record Number:</b>
SSN Information			
<b>Parents Authorize Release of Information to Social Security Administration to Issue this Child a SSN:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Mother's Information			
<b>Title Preference:</b> <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	<b>Legal First Name:</b>	<b>Legal Middle Name:</b>	<b>Legal Last Name:</b>
<b>Legal Suffix:</b>	<b>Medical Record Number:</b>		



# Birth Worksheet for Child's Birth Certificate

Facility Information & Place of Birth			
Name:  <input type="checkbox"/> Facility Name:  <input type="checkbox"/> Other	Facility Name Other (Specify):	Type: <input type="checkbox"/> Clinic/Doctor's Office <input type="checkbox"/> Home Birth Intended <input type="checkbox"/> Home Birth Intent Unknown <input type="checkbox"/> Home Birth Unintended <input type="checkbox"/> Hospital <input type="checkbox"/> Licensed Birthing Center <input type="checkbox"/> Other <input type="checkbox"/> Unknown	Type Other Specify:
Address:	Apt:	State:	County:
Local:	City/Town:	Zip:	Zip Ext:

Mother			
Mother's Name Prior to First Marriage			
<input type="checkbox"/> Same as Mother's Legal Name?			
First Name:	Middle Name:	Last Name:	Suffix:
Mother's Information			
Date of Birth:     /     /		Age at Child's Birth:	
Birthplace: (Click Checkbox to Filter Foreign Countries Only)		SSN:	
Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Married, Husband Info Refused <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Not Stated/Unknown		Married Within 300 Days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, but refusing presumed father information <input type="checkbox"/> Unknown	
AOP Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes - Common Law		Date Acknowledgement of Paternity Signed:	
Did Mother Relinquish Rights to Child? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		Mother's Relinquish Date:     /     /	
Paternity Genetic Testing? <input type="checkbox"/> Not done <input type="checkbox"/> Has Determined Biological Father			



# Birth Worksheet for Child's Birth Certificate

## Mother's Miscellaneous Information

Education Level:

- 8<sup>th</sup> Grade or Less
- 9<sup>th</sup>-12<sup>th</sup> Grade No Diploma
- High School Graduate or GED Completed
- Some College Credit, No Degree
- Associate Degree (E.G., AA, AS)
- Bachelor's Degree (BA, AB, BS)
- Master's Degree (E.G., MA, MS, MENG, MED, MSW, MBA)
- Doctorate or Professional Degree (E.G., PhD, EDD, MD, DDS, DVM, LLV, JD)
- Unknown/Not stated

Occupation:	Kind of Business or Industry:
Email:	

## Mother's Residence Address Information

Withheld by Request on AOP

Address:	Apt:	State/Country:	County:
City/Town:	City (Other):	Zip:	Zip Ext:

Inside City Limits:

Yes     No     Unknown

## Mother's Mailing Address Information

Same as Residence?

Address:	Apt:	State/Country:	County:
City/Town:	City (Other):	Zip:	Zip Ext:

## Mother Demographics

### Mother's Ethnicity

- No, Not Spanish/Hispanic/Latina
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Hispanic (Specify: \_\_\_\_\_)
- Unknown



# Birth Worksheet for Child's Birth Certificate

## Mother's Race

- White
- Black or African American
- American Indian or Alaska Native (Name of the Enrolled or Principal Tribe: \_\_\_\_\_)
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (Specify: \_\_\_\_\_)
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (Specify: \_\_\_\_\_)
- Other (Specify: \_\_\_\_\_)
- Unknown

## Father

### Father's Legal Name

Title Preference:  Mother  Father  Parent

First Name:

Middle Name:

Last Name:

Suffix:

### Father's Maiden Name

Same as Father's Legal Name?

First Name:

Middle Name:

Last Name:

Suffix:

### Father's Information

Date of Birth:

\_\_/\_\_/\_\_\_\_

Age:

Birthplace: (Click Checkbox to Filter Foreign Countries Only)

SSN:

\_\_\_\_-\_\_\_\_-\_\_\_\_



## Birth Worksheet for Child's Birth Certificate

### Father's Miscellaneous Information

Education Level:

- 8<sup>th</sup> Grade or Less
- 9<sup>th</sup>-12<sup>th</sup> Grade No Diploma
- High School Graduate or GED Completed
- Some College Credit, No Degree
- Associate Degree (E.G., AA, AS)
- Bachelor's Degree (BA, AB, BS)
- Master's Degree (E.G., MA, MS, MENG, MED, MSW, MBA)
- Doctorate or Professional Degree (E.G., PhD, EDD, MD, DDS, DVM, LLV, JD)
- Unknown/Not stated

Occupation:

Kind of Business or Industry:

### Father's Mailing Address Information

Withheld by Request on AOP

Same as Mother's Mailing?

Address:

Apt:

State/Country:

County:

City/Town:

City (Other):

Zip:

Zip Ext:

## Birth Worksheet for Child's Birth Certificate

Father Demographics	
Father's Ethnicity	Father's Race
<input type="checkbox"/> No, Not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Other Hispanic (Specify) <input type="checkbox"/> Unknown <input type="checkbox"/> Refused	<input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> American Indian or Alaska Native (Name of the Enrolled or Principal Tribe) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Unknown <input type="checkbox"/> Refused

**This tab displays when AOP = yes on Mother's Tab and marital status = yes**

Presumed Father			
Presumed Father's Legal Name			
First Name:	Middle Name:	Last Name:	Suffix:
Presumed Father's Information			
Date of Birth: ____/____/____		SSN: ____ - ____ - ____	
Presumed Father's Mailing Address Information			
<input type="checkbox"/> Withheld by Request on AOP		<input type="checkbox"/> Same as Mother's Mailing?	
Address:	Apt:	State/Country:	County:
City/Town:	City (Other):	Zip:	Zip Ext:





## Birth Worksheet for Child's Birth Certificate

**This tab displays when record type = surrogacy 1 parent/surrogacy 2 parent**

<b>Intended Mother</b>			
<b>Intended Mother's Current Legal Name</b>			
Title Preference: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent			
First Name:	Middle Name:	Last Name:	Suffix:
<b>Intended Mother's Name Prior to First Marriage</b>			
Same as Intended Mother's Legal Name? <input type="checkbox"/> Yes <input type="checkbox"/> No			
First Name:	Middle Name:	Last Name:	Suffix:
<b>Mother's Information</b>			
Date of Birth: ___/___/___	Age:	Birthplace: (Click Checkbox to Filter Foreign Countries Only)	
SSN:			
Marital Status: <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Married, Husband Info Refused <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Not Stated/Unknown			
<b>Intended Mother's Medicaid Information</b>			
Intended Mothers Medicaid Chip Name:		Intended Mothers Medicaid Chip Number:	
<b>Intended Mother's Residence Address Information</b>			
Address:	Apt:	State/Country:	County:
City/Town:	Zip:	Zip Ext:	Inside City Limits:
<b>Intended Mother's Mailing Address Information</b>			
<input type="checkbox"/> Same as Residence?			
Address:	Apt:	State/Country:	County:
City/Town:	City (Other):	Zip:	Zip Ext:



## Birth Worksheet for Child's Birth Certificate

Intended Father			
Intended Father's Legal Name			
Title Preference: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent			
First Name:	Middle Name:	Last Name:	Suffix:
Father's Maiden Name			
Same as Intended Father's Legal Name? <input type="checkbox"/> Yes <input type="checkbox"/> No			
First Name:	Middle Name:	Last Name:	Suffix:
Intended Father's Information			
Date of Birth: ____ / ____ / ____	Age:	Birthplace (Click Checkbox to Filter Foreign Countries Only):	SSN:

Mother Medical - 1	
General	
Mother Transferred for Delivery? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, from What Location: <input type="checkbox"/> OTHER (Option to Search All Locations Available in TxEVER)
Mother Transfer Facility - Other:	
Principal Source of Payment: <input type="checkbox"/> PRIVATE INSURANCE (BLUE CROSS/ BLUE SHIELD, AETNA, ETC.) <input type="checkbox"/> MEDICAID/CHIP (PENDING OR NOT) <input type="checkbox"/> SELF PAY <input type="checkbox"/> OTHER <input type="checkbox"/> INDIAN HEALTH SERVICE <input type="checkbox"/> CHAMPUS/TRICARE <input type="checkbox"/> OTHER GOVERNMENT (FEDERAL, STATE, LOCAL)	
Principal Source of Payment - Other (Specify):	
Did Mother Get WIC Food for Herself during This Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mother's Medicaid Chip Name:	Mother's Medicaid Chip Number:

## Birth Worksheet for Child's Birth Certificate

### Cigarettes Information

Did Mother Smoke Cigarettes before or during Pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did Mother Report in Packs? <input type="checkbox"/>		
Did Mother Report in Cigarettes? <input type="checkbox"/>		
	# of Cigarettes Per Day	# of Packs Per Day
Three Months before Pregnancy		
First Trimester		
Second Trimester		
Third Trimester		

### Mother's Health Information

Mother's Weight at Delivery (lbs):	Mother's Pre-Pregnancy Weight (lbs):
Mother's Height (Feet/Inches):	Date Last Normal Menses Began:

### HIV Testing

HIV Test Done Prenatally? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Check All that Apply: <input type="checkbox"/> First Trimester <input type="checkbox"/> Second Trimester <input type="checkbox"/> Third Trimester <input type="checkbox"/> None <input type="checkbox"/> Unknown
HIV Test Done at Delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Infant Tested for HIV at Birth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown



# Birth Worksheet for Child's Birth Certificate

## Mother Medical – 2

### Pregnancy History

Number of Previous Live Births Now Living (Do Not Include This Child):	
Number of Previous Live Births Now Dead:	
Date of Last Live Birth: ____ / ____ / _____	Number of Other Pregnancy Outcomes:
Date of Last Other Pregnancy Outcome: ____ / ____ / _____	

### Prenatal

Did Mother Receive Prenatal Care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Date of First Prenatal Care Visit: ____ / ____ / _____
Date of Last Prenatal Care Visit: ____ / ____ / _____
Total Number of Prenatal Care Visits; If None, Enter '0':
Source of Prenatal Care Visits <input type="checkbox"/> Hospital <input type="checkbox"/> Public Health Clinic <input type="checkbox"/> Private Physician <input type="checkbox"/> Midwife <input type="checkbox"/> Other: Specify <input type="checkbox"/> None <input type="checkbox"/> Unknown MVR (Missing Value Reason) <input type="checkbox"/> Refused <input type="checkbox"/> Not Obtainable <input type="checkbox"/> Sought But Not Obtainable

### Method of Delivery

Was Delivery with Forceps Attempted but Unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was Delivery with Vacuum Extraction Attempted but Unsuccessful? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Fetal Presentation at Birth? <input type="checkbox"/> Cephalic <input type="checkbox"/> Breech <input type="checkbox"/> Other	Final Route & Method of Delivery? <input type="checkbox"/> Vaginal/Spontaneous <input type="checkbox"/> Vaginal/Forceps <input type="checkbox"/> Vaginal/Vacuum <input type="checkbox"/> Cesarean (Final Route) <input type="checkbox"/> Unknown
If Cesarean, Was a Trial of Labor Attempted? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Birth Worksheet for Child's Birth Certificate

### Mother Medical - 3

#### Exposure/Infections Present/Treated During Pregnancy

Exposure/Infections Present/Treated during Pregnancy (Check All that Apply):

- Gonorrhea
- Syphilis
- Chlamydia
- Hepatitis B
- Hepatitis C
- Unknown
- Infection MVR:
  - Refused
  - Not Obtainable
  - Sought, But Not Obtainable
- None of the Above

#### Risk Factor in this Pregnancy

Risk Factors in this Pregnancy (Check All that Apply):

- Diabetes (Select One of the Following)
  - Pre-Pregnancy (Diagnosis Prior to this Pregnancy)
  - Gestational (Diagnosis in this Pregnancy)
- Hypertension (Select One of the Following)
  - Pre-Pregnancy (Chronic)
  - Gestational (PIH, Preeclampsia)
  - Eclampsia
- Previous Preterm Birth
- Other Previous Poor Pregnancy Outcome (Includes Perinatal Death, Small for Gestational Age/Intrauterine Growth Restricted Birth)
  - Perinatal Death
  - Small for Gestational Age
  - Intrauterine Growth Restriction
  - Other (Specify) \_\_\_\_\_
- Pregnancy Resulted from Infertility Treatment (Check All that Apply):
  - Fertility-Enhancing Drugs
  - Artificial Insemination
  - Intrauterine Insemination
  - Assisted Reproductive Technology - Vitro Fertilization (IVF)
  - Assisted Reproductive Technology - Gamete Intrafallopian Transfer (GIFT)
  - Other (Specify) \_\_\_\_\_
- Mother Had a Previous Cesarean Delivery?
  - If selected, how many? \_\_\_\_\_
- Antiretrovirals Administered during Pregnancy or at Delivery
- Cholecystitis
- Prior Classical Cesarean
- Prior Myomectomy
- None of the Above
- Unknown (Select One)
  - Refused
  - Not Obtainable
  - Sought, But Not Obtainable

## Birth Worksheet for Child's Birth Certificate

Mother Medical – 4	
Obstetric Procedures	Onset of Labor
<p>Obstetric Procedures (check all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Cervical Cerclage</li> <li><input type="checkbox"/> External Cephalic Version (choose one):               <ul style="list-style-type: none"> <li><input type="checkbox"/> Successful</li> <li><input type="checkbox"/> Failed</li> </ul> </li> <li><input type="checkbox"/> Tocolysis</li> <li><input type="checkbox"/> None of the Above</li> </ul>	<p>Onset of Labor (check all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Premature Rupture of the Membranes (Prolonged &gt; 18 Hours)</li> <li><input type="checkbox"/> Precipitous Labor (Less than 3 Hours)</li> <li><input type="checkbox"/> Prolonged Labor (Greater than 20 Hours)</li> <li><input type="checkbox"/> None of the Above</li> <li><input type="checkbox"/> Unknown               <ul style="list-style-type: none"> <li><input type="checkbox"/> Refused</li> <li><input type="checkbox"/> Not Obtainable</li> <li><input type="checkbox"/> Sought But Not Obtainable</li> </ul> </li> </ul>
Characteristics of Labor & Delivery	Maternal Morbidity
<p>Characteristics of Labor &amp; Delivery (Check All that Apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Induction of Labor</li> <li><input type="checkbox"/> Augmentation of Labor</li> <li><input type="checkbox"/> Non-Vertex Presentation</li> <li><input type="checkbox"/> Steroids (Glucocorticoids) for Fetal Lung Maturation Received by the Mother Prior to Delivery</li> <li><input type="checkbox"/> Antibiotics Received by Mother during Labor</li> <li><input type="checkbox"/> Clinical Chorioamnionitis Diagnosed during Labor or Maternal Temperature is &gt; 38 C (100.4 F)</li> <li><input type="checkbox"/> Moderate/Heavy Meconium Staining of the Amniotic Fluid</li> <li><input type="checkbox"/> Fetal Intolerance of Labor Such That One of More of the Following Action Was Taken: In-Utero Resuscitative Measures, Further Fetal Assessment, or Operative Delivery</li> <li><input type="checkbox"/> Epidural or Spinal Anesthesia during Labor</li> <li><input type="checkbox"/> None of the Above               <ul style="list-style-type: none"> <li><input type="checkbox"/> Other Complication Not Listed</li> <li><input type="checkbox"/> No Complications Determined</li> </ul> </li> </ul>	<p>Complication Associated with Labor and Delivery (Check all that apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Maternal Transfusion</li> <li><input type="checkbox"/> Third or Fourth Degree Perineal Laceration</li> <li><input type="checkbox"/> Ruptured Uterus</li> <li><input type="checkbox"/> Unplanned Hysterectomy</li> <li><input type="checkbox"/> Admission to Intensive Care Unit</li> <li><input type="checkbox"/> Unplanned Operating Room Procedure Following Delivery</li> <li><input type="checkbox"/> None of the Above</li> </ul>



# Birth Worksheet for Child's Birth Certificate

## Newborn Medical - 1

### General

Is Infant Living at Time of Report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Infant Transferred, Status Unknown	Is Infant Being Breast Fed, Even Partially? <input type="checkbox"/> Yes <input type="checkbox"/> No
Obstetric Estimate of Gestation (completed weeks):	
Apgar Score (at 5 min.): 1 - 10: <input type="checkbox"/> Not Taken <input type="checkbox"/> Unknown	Apgar Score (at 10 min.): 1 - 10: <input type="checkbox"/> Not Taken <input type="checkbox"/> Unknown
Was Infant Transferred within 24 Hours of Delivery? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES Where:	
Infant Transfer Facility - Other:	Was Infant Vaccinated with Hepatitis B Vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Information Unavailable
Infant Primary Care Physician:	

### Child's Weight Information

Grams:	Pounds:	Ounces:
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### ImmTrac Consent

Please Indicate the Parent's Choice Regarding Consent for ImmTrac Participation. The Birth Registrar Will be Required to Affirm that this Information Accurately Reflects the Parent's Choice.

If the Parent Has Not Yet Been Offered the Option to Consent for ImmTrac Participation, You May Skip this Section and Answer at a Later Time. This Section Must Be Completed for Legal Release of the Birth Registration.

- Parent Has GRANTED CONSENT for ImmTrac Participation by Signing DSHS ImmTrac Newborn Registration Form # (ImmTrac NB-2) and Marking the CONSENT GRANTED Option.
- Parent Has DENIED CONSENT for ImmTrac Participation (Requested Exclusion) by Signing DSHS ImmTrac Newborn Registration Form # (ImmTrac NB-2) and Marking the CONSENT DENIED Option.
- Parent Has Not Signed a Properly Completed DSHS ImmTrac Newborn Registration Form # (ImmTrac NB-2).



# Birth Worksheet for Child's Birth Certificate

Newborn Medical - 2	
Abnormal Conditions	Congenital Anomalies
<p>Abnormal Conditions of Newborn (Check All that Apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Assisted Ventilation Required Immediately Following Delivery</li> <li><input type="checkbox"/> Assisted Ventilation Required for More than Six Hours</li> <li><input type="checkbox"/> NICU Admission</li> <li><input type="checkbox"/> Newborn Given Surfactant Replacement Therapy</li> <li><input type="checkbox"/> Antibiotics Received by the Newborn for Suspected Neonatal Sepsis</li> <li><input type="checkbox"/> Seizure or Serious Neurologic Dysfunction</li> <li><input type="checkbox"/> Significant Birth Injury (Skeletal Fracture(s), Peripheral Nerve Injury, and/or Soft Tissue/Solid Organ Hemorrhage Requiring Intervention)</li> <li><input type="checkbox"/> None of the Above</li> </ul>	<p>Congenital Anomalies (Check All that Apply):</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Anencephaly</li> <li><input type="checkbox"/> Meningomyelocele/Spina Bifida</li> <li><input type="checkbox"/> Congenital Diaphragmatic Hernia</li> <li><input type="checkbox"/> Gastroschisis</li> <li><input type="checkbox"/> Down Syndrome:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Karyotype Confirmed</li> <li><input type="checkbox"/> Karyotype Pending</li> </ul> </li> <li><input type="checkbox"/> Suspected Chromosomal Disorder:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Karyotype Confirmed</li> <li><input type="checkbox"/> Karyotype Pending</li> </ul> </li> <li><input type="checkbox"/> Cleft Lip with Cleft Palate</li> <li><input type="checkbox"/> Cleft Palate Alone</li> <li><input type="checkbox"/> Cyanotic Congenital Heart Disease</li> <li><input type="checkbox"/> Omphalocele</li> <li><input type="checkbox"/> Limb Reduction Defect (Excluding Congenital Amputation and Dwarfing Syndromes)</li> <li><input type="checkbox"/> Hypospadias</li> <li><input type="checkbox"/> None of the Above</li> </ul>

Certification		
Attendant Information		
First Name:	Middle Name:	Last Name:
Title: <input type="checkbox"/> MD <input type="checkbox"/> Midwife <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Attendant <input type="checkbox"/> Facility Administrator/Designee <input type="checkbox"/> Other	Other (Specify):	
Address:	Apt:	State/Country:
City/Town:	Zip:	Zip Ext:
NPI:	License Number:	





# Birth Worksheet for Child's Birth Certificate

Certifier Information		
<input type="checkbox"/> Certifier Same as Attendant?		
First Name:	Middle Name:	Last Name:
Title: <input type="checkbox"/> MD <input type="checkbox"/> Midwife <input type="checkbox"/> DO <input type="checkbox"/> CNM <input type="checkbox"/> Attendant <input type="checkbox"/> Facility Administrator/Designee <input type="checkbox"/> Other	Other (Specify):	
Address:	Apt:	State/Country:
City/Town:	Zip:	Zip Ext:
Date Certified:		



# Congratulations on the birth of your new Little Texan!

Texas Vital Statistics would like to take this opportunity to answer some most commonly asked questions about birth certificates in Texas.

## **How do I get a copy of my baby's birth certificate?**

You can request and purchase a certified copy of your child's birth certificate from the local registrar's office located in the city or county where the birth occurred, or from the Texas Vital Statistics office located in Austin, Texas. As another option, you can order online at [www.texas.gov](http://www.texas.gov).

A *Certified Birth Certificate* is a permanent legal document filed in the State of Texas that establishes your child's identity and is used to apply for medical or government services, passports, school admission, etc.

## **When will I receive my baby's social security card?**

If you answered "Yes" to the question, "Apply for baby's social security number?" the birth information will be forwarded to the Social Security Administration as soon as the Texas Vital Statistics office receives the data from the hospital. The Social Security Administration then requires 2-3 weeks to process the information. A social security card will be mailed to Parent 1's mailing address as provided on the Parent's Worksheet for Child's Birth Certificate. The entire process usually takes **4-6 weeks** to complete.

## **When will I receive my baby's Medicaid number?**

If you provided answers to "Parent 1's Medicaid Name" and "Parent 1's Medicaid Number," the birth information will be forwarded to the Medicaid office as soon as the Texas Vital Statistics office receives the data. Medicaid then requires 2-3 weeks to process the information. An Infant Medicaid card will be mailed to Parent 1's mailing address as provided in the Parent's Worksheet for Child's Birth Certificate. The entire process usually takes **4-6 weeks** to complete.

## **When do I add my baby to my health insurance?**

It's your responsibility to add your baby to your medical insurance. You need to contact your employer's human resources or benefits department regarding their policy to modifying covered dependents. You will need to get with your employer as soon as possible to find out the timeframe of adding your baby to your insurance.