



Dallas County Clerk's Vitals Division

Home Birth Packet

List of Items required to process a home birth certificate:

- Mother's worksheet for Child's birth certificate
- Medical Data worksheet for Child's birth certificate
- Mother's driver's license
- Father's driver's license
- Signed notarized letter from the person who witnessed
- The birth that states when and where the birth took place.
- Driver's license or ID of the person who witnessed the birth
- Bill from the address where the child was born
- Ambulance bill
- Record of prenatal visits
- Immunization Registry

Parent's Worksheet for Child's Birth Certificate

FOR HOSPITAL USE ONLY:

MOTHER MR# _____ NEWBORN MR# _____
MEDICAID # _____ DELIVERING DR _____ RM # _____

The information you provide on this worksheet is used to create your child's birth certificate. The birth certificate is a legal document used to prove your child's age, citizenship and parentage. Your child will use the birth certificate throughout his/her life. The State of Texas safeguards against the unauthorized release of identifying information from birth certificates to protect the confidentiality of parents and their child.

Please **PRINT** your responses carefully and accurately as errors are difficult and expensive to correct.

CHILD'S PLACE OF BIRTH

Name of Hospital or Location Address State

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County City Zip Code

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CHILD'S INFORMATION

Time of Birth Date of Birth Plurality (please circle one)

	Am / Pm		Single / Twin / Triplets / Quadruplets / Quintuplets
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Birth Order (please circle one) Number of Infants Born Alive at this Birth? (please circle one)

First / Second / Third / Fourth / Fifth	One / Two / Three / Four / Five
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PARENT 1 - CURRENT LEGAL NAME

Mother Father Parent

First Name Middle Name Last Name Suffix

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CHILD'S LEGAL NAME

First Name Middle Name Last Name Suffix

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PARENT 1 - RESIDENCE ADDRESS

Residence Address Apartment Number State/Foreign Country County

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City/Town/Location Zip Code / Extension Inside City Limits?

		<input type="checkbox"/> Yes <input type="checkbox"/> No
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PARENT 1 - MAILING ADDRESS (If same as residence address, LEAVE THIS SECTION BLANK)

Mailing Address

Apartment Number

State/Foreign Country

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City/Town/Location

Zip Code / Extension

Inside City Limits?

		<input type="checkbox"/> Yes <input type="checkbox"/> No
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PARENT 1 - INFORMATION

Date of Birth

Place of Birth (State/Foreign Country/Territory)

Social Security

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Apply for Baby's Social Security?

Did Parent 1 Give up Rights to the Child?

Date Rights Given Up?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Occupation

Type of Business

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Parent 1's Education

- 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)
- Bachelor's degree (e.g., BA, AB, BS)
- Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

Is Parent 1 of Hispanic Origin?

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

What is Parent 1's Race?

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other Asian _____ |
| <input type="checkbox"/> American Indian/Alaska Native
<small>(Name of the enrolled or principal tribe)</small> | <input type="checkbox"/> Native Hawaiian |
| _____ | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Filipino | Specify _____ |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Unknown |

PARENT 1 - HEALTH INFORMATION

Did you receive WIC for this Birth?

Height

Weight Before Pregnancy

Weight At Delivery

<input type="checkbox"/> Yes <input type="checkbox"/> No			
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How many cigarettes did you smoke before and during pregnancy?

Three Months Before	Cigs/Day: _____	Packs/Day: _____	First Three Months	Cigs/Day: _____	Packs/Day: _____
Second Three Months	Cigs/Day: _____	Packs/Day: _____	Third Trimester	Cigs/Day: _____	Packs/Day: _____

PARENT 1 - NAME PRIOR TO FIRST MARRIAGE

First Name	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENT 1 - MARITAL STATUS (Please read carefully)

Were you married at the time you conceived this child, at the time of birth, or within 300 days prior to the birth of your child?

- Yes (Please skip over the AOP section below and complete Parent 2 sections).
- Yes, but I refuse to provide my spouse's name as the parent of my child.
 - Would you like to complete an AOP? (See AOP section below)
 - No, I can provide legal documentation: court order, gestational agreement, or surrogacy (Complete Surrogacy Worksheet on Page 5)
- Yes, but the spouse is not the biological parent of my child. (Please complete AOP section).
- No- if you are not married, the other parent's name may be listed on the birth certificate only if both parents complete an Acknowledgement of Paternity. (Please complete AOP section)

ACKNOWLEDGEMENT OF PATERNITY (AOP) (An AOP can only be signed by the bio mom/dad or presumed father)

Do you want to complete an Acknowledgement of Paternity?

- Yes - If you are or have been married to someone other than the biological parent of this child, or within 300 days before this child's birth, the AOP must include a Denial of Paternity from the husband or former husband to allow the biological parent's information to be listed on the birth certificate. (Please complete Parent 2 Section, which starts on Page 3).
- No - Information about the other parent cannot be included on the birth certificate. (Please continue on to Page 4 and finish Parent 1 & IMMTRAC information.)

PARENT 2 - CURRENT LEGAL NAME/INFORMATION

Mother Father Parent

Legal First Name	Middle Name	Last Name	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth	Place of Birth (State/Foreign Country/Territory)	Social Security	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Occupation

Type of Business

<input type="text"/>	<input type="text"/>
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Parent 2's Education

- 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)
- Bachelor's degree (e.g., BA, AB, BS)
- Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

Is Parent 2 of Hispanic Origin?

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

What is Parent 2's Race?

- | | |
|--|--|
| <input type="checkbox"/> White | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other Asian _____ |
| <input type="checkbox"/> American Indian/Alaska Native
(Name of the enrolled or principal tribe)
_____ | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander
Specify _____ |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Unknown |

Has Paternity – Genetic Testing Been Done?	Parent 2's Mailing Address	Apartment Number
<input type="checkbox"/> Yes <input type="checkbox"/> No		
State/Foreign Country/Territory	City/Town/Location	Zip Code / Extension

PARENT 2 - NAME PRIOR TO FIRST MARRIAGE

First Name	Middle Name	Last Name	Suffix

PRESUMED FATHER INFORMATION (Complete ONLY if applicable)

Date of Birth	Social Security		
First Name	Middle Name	Last Name	Suffix
Mailing Address	Apartment Number	State/Foreign Country/Territory	
City/Town/Location	Zip Code Extension		

PARENT 1 - MEDICAID INFORMATION (Complete ONLY if applicable)

Parent 1's Medicaid Name	Parent 1's Medicaid Number

IMMTRAC REGISTRY

Do you consent for your baby's immunization information to be included in the statewide Immunization Registry and to share the immunization information with registered providers? <input type="checkbox"/> Yes <input type="checkbox"/> No

SURROGACY WORKSHEET ADDENDUM

INTENDED PARENT 1

Mother Father Parent

First Name	Middle Name	Last Name	Suffix

INTENDED PARENT 1'S NAME PRIOR TO FIRST MARRIAGE

First Name	Middle Name	Last Name	Suffix

Intended Parent 1's Medicaid Name	Intended Parent 1's Medicaid Number

Intended Parent 1's Marital Status

Never Married Widowed Divorced Currently Married Married Refuse Info Unknown

INTENDED PARENT 1'S RESIDENCE ADDRESS

Residence Address	Apartment Number	State/Foreign Country	County

City/Town/Location	Zip Code / Extension	Inside City Limits?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

INTENDED PARENT 1'S MAILING ADDRESS (If same as residence address, LEAVE THIS SECTION BLANK)

Mailing Address	Apartment Number	State/Foreign Country

City/Town/Location	Zip Code / Extension	Inside City Limits?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

INTENDED PARENT 2'S NAME PRIOR TO FIRST MARRIAGE

First Name	Middle Name	Last Name	Suffix

INTENDED PARENT 2

First Name	Middle Name	Last Name	Suffix

Date of Birth	Age	State, Territory, or Foreign Country of Birth	Social Security

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.

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 the Parent 1’s mailing address as provided in this worksheet. The entire process usually takes **4-6 weeks** to complete.

“When will I receive my baby’s Medicaid number?”



TEXAS IMMUNIZATION REGISTRY (ImmTrac2) ADULT CONSENT FORM



(Please print clearly)

Form fields for personal information: First Name, Middle Name, Last Name, Date of Birth, Telephone, Email address, Gender (Female/Male), Address, Apartment # / Building #, City, State, Zip Code, County, Mother's First Name, Mother's Maiden Name.

The Texas Immunization Registry is a free service of the Texas Department of State Health Services (DSHS). The immunization registry is a secure and confidential service that consolidates immunization records for public health purposes...

Consent for Registration and Release of Immunization Records to Authorized Persons / Entities

I understand that, by granting the consent below, I am authorizing release of my immunization information to DSHS and I further understand that DSHS will include this information in the Texas Immunization Registry. Once in ImmTrac2, my immunization information may by law be accessed by: a Texas physician, or other health care provider legally authorized to administer vaccines...

State law permits the inclusion of immunization records for First Responders and their immediate family members (older than 18 years of age) in the Registry. A "First Responder" is defined as a public safety employee or volunteer whose duties include responding rapidly to an emergency.

Please mark the appropriate box to indicate whether you are a First Responder or an Immediate Family Member.

Consent checkboxes: I am a FIRST RESPONDER, I am an IMMEDIATE FAMILY MEMBER (older than 18 years of age) of a First Responder.

By my signature below, I GRANT consent for registration. I wish to INCLUDE my information in the Texas immunization registry.

Signature fields: Individual (or individual's legally authorized representative), Printed Name, Date, Signature.

Privacy Notification: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request.

Questions? (800) 252-9152 • (512) 776-7284 • Fax: (866) 624-0180 • www.ImmTrac.com
Texas Department of State Health Services • ImmTrac Group • MC 1946 • P. O. Box 149347 • Austin, TX 78714-9347

PROVIDERS REGISTERED WITH ImmTrac2: Please enter client information in ImmTrac2 and affirm that consent has been granted. DO NOT fax to ImmTrac2. Retain this form in your client's record.



REGISTRO DE INMUNIZACIÓN DE TEXAS (ImmTrac2)
FORMULARIO DE CONSENTIMIENTO PARA ADULTOS



(Escriba claramente en letra de molde)

Form fields for personal information: Primer Nombre, Segundo Nombre, Apellido, Fecha de Nacimiento, Teléfono, Correo electrónico, Género (Femenino/Masculino), Dirección, Apartamento # / Edificio #, Ciudad, Estado, Código Postal, Condado, Nombre de la Madre, Apellido de soltera de la madre

El Registro de Inmunización de Texas es un servicio gratuito del Departamento Estatal de Servicios de Salud (DSHS) de Texas. Se trata de un servicio seguro y confidencial que consolida los registros de vacunación con fines de salud pública...

Consentimiento para el registro y para divulgar los registros de inmunización a las personas o entidades autorizadas

Entiendo que, al dar aquí mi consentimiento, autorizo la divulgación de mis datos de vacunación al DSHS, y además entiendo que el DSHS incluirá esta información en el Registro de Inmunización de Texas. Una vez que la información sobre mis vacunas esté en el ImmTrac2, las siguientes entidades tendrán por ley acceso a ella...

La ley estatal permite la inclusión en el ImmTrac2 de los registros de vacunación de los socorristas y sus familiares directos (mayores de 18 años). Se define como "socorrista" al empleado de la seguridad pública o voluntario entre cuyas funciones está responder rápidamente a una emergencia médica...

Marque la casilla correspondiente para indicar si es usted un socorrista o un familiar directo de este.

Form fields for emergency responder status: Soy un SOCORRISTA, Soy FAMILIAR DIRECTO (mayor de 18 años) de un socorrista

Con mi firma a continuación, DOY mi consentimiento para el registro. Deseo INCLUIR mi información en el registro de vacunación de Texas.

La persona (o el representante legalmente autorizado de la persona): Nombre en letra de molde

Form fields for signature: Fecha, Firma

Notificación de privacidad: con ciertas excepciones, tiene derecho a pedir y a ser informado sobre la información que el estado de Texas reúne sobre usted. Tiene derecho a recibir y examinar la información al pedirla. También tiene derecho a pedir a la agencia estatal que corrija cualquier información que se determine es incorrecta.

¿Tiene preguntas? (800) 252-9152 • (512) 776-7284 • Fax: (866) 624-0180 • www.ImmTrac.com

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