

What You Need To Know About Your Child's BIRTH CERTIFICATE

Your child's birth certificate lasts forever. Please be certain the information on the certificate is accurate before you sign it.

- The birth certificate is a legal document.
- An amendment form is required to make corrections to the birth certificate.
- The birth certificate will become a two-page document if an amendment is requested after the original has been processed.
- Many changes on the birth certificate require the applicant to go to court for a court order, including reversing the order of last names (surnames).
- Parents may have problems receiving benefits, traveling on an airline, obtaining a passport or social security number for their child if the birth certificate is not true and correct.
- It can take several weeks to apply an amendment. The processing time for amendments can be located on the California Department of Public Health-Vital Records website at: <http://www.cdph.ca.gov/certlic/birthdeathmar/Pages/ProcessingTimes.aspx>

Common mistakes that require amendments or court orders:

- Misspelled first, middle, and last names of child and/or parents
- Incorrect birth place or date of birth of parent(s)
- Adding extra names to parent(s) or child later
- Reversed order of last names (surnames)
- Incorrect sex of child
- Incorrect birth date

Errors on birth certificates cannot be corrected on the original certificate.

The **original** birth certificate **does not** change, but an amendment is attached to create a **two-page** document.

- Parents, please review the information on the birth certificate carefully before you sign it.
- Your signature confirms that you have reviewed the information and that the facts are correct.

Amendment forms may be obtained at the local health department or county recorder's office, or online at <http://www.cdph.ca.gov/pubsforms/forms/Pages/BirthMarrlageandDeathCertificates.aspx>



Importance of Collecting Complete and Accurate BIRTH CERTIFICATE INFORMATION

Why is the birth certificate information collected?

The birth certificate information is collected based on California Health and Safety Code Section (H&SC) 102425. This law lists all the information required to be on the California birth certificate. This law also makes all medical information confidential.

What is the birth certificate information used for?

The information collected is used to record what happened during pregnancy, labor, and delivery, and any issues the newborn experienced. The information will be used to understand and help prevent birth defects, preterm babies, maternal deaths, and other labor, delivery and birth outcomes. Information collected also assists local and state public health leaders in making decisions that address programs needed in the community such as diabetes care, teen pregnancy, WIC (Women Infants Children), etc.

What birth certificate information is confidential on the birth certificate?

All medical information is considered confidential and not released to the public. This includes the parents' race, education, occupation, social security number(s), and address. The only persons that may access the confidential information are the California Department of Public Health, local county health department, persons with a valid scientific interest as determined by the State Registrar and Committee for Protection of Human Subjects, parent who signed the certificate or parent giving birth, and the child named on the birth certificate. Reference H&SC 102430.

What if the parent does not want to provide the information?

All information is required by law with the exception of the parents' race, occupation, education, and social security number(s). Although not required, race, occupation and education are very important for understanding and eliminating negative outcomes and developing needed programs.

Who collects the birth certificate information?

The birth certificate information is collected by the birth clerk and it is sent to the local county health department who forwards it to the California Department of Public Health – Vital Records.

Who should I contact if I still have questions?

Please contact the California Department of Public Health - Vital Records at (916) 445-8494.



SOUTHWEST HEALTHCARE SYSTEM

RANCHO SPRINGS MEDICAL CENTER

NOTICE TO UNMARRIED PARENTS:

Please be aware that if you are **unmarried**, by law in the State of California, a **DECLARATION OF PATERNITY** must be filled out completely and witnessed by one of our staff. **If this document is not completed by the day of your discharge, the father will not be placed on the birth certificate.** There are no exceptions. Please notify your nurse if you will need to have this document provided for you.

It is free of charge.

In situations where the father of the baby is unavailable, or if you leave without signing, you will be required to make an appointment at the Vital Records (951-358-5068) office to amend the record, and sign the POP in front of a witness. If you are filling out the POP papers, please take the time to read the first two pages of information. When filling out the declaration, please STOP at section B, and let the staff member know you are ready to have your signature witnessed. Both parents must be present to sign. Do not sign the document before the staff member arrives, as it does require a witness in order for the declaration to be legal. If your signature is not witnessed, the form will need to be redone.

(This document is not needed if you are legally married.)

Thank you

swhealthcaresystem.com

Rancho Springs Medical Center:
25500 Medical Center Drive,
Murrieta, CA 92562
951-696-6000



INSTRUCTIONS FOR BIRTH CERTIFICATE

MR#: _____

Date Filed: _____

By: _____

POP YES NO

Please print clearly and check spelling carefully. This information will be copied exactly onto your baby's Birth Certificate: You will be responsible to pay for any charges due to errors (Except hospital error).

1A. Child's first name _____

1B. Child's middle name _____

1C. Child's last name _____

2. Sex of child Male Female

3A. Date of birth _____

3B. Hour of birth _____

Marital status (check one): Married Single Divorced Widow

4A. Father/Parent first name _____

4B. Father/Parent middle name _____

4C. Father/Parent last name _____

5. Father/Parent birthplace - State/Country _____

6. Father/Parent date of birth _____

7A. Mother/Parent first name _____

7B. Mother/Parent middle name _____

7C. Last name of Mother/Parent (birth name) _____

Mother/parent's current last name _____

8. Mother/Parent birthplace - State/Country _____

9. Mother/Parent date of birth _____

10. Name of delivering Physician _____

11. Father Hispanic, Latino or Spanish? YES NO

12. Father's Race _____

Mother's Current Telephone Number ____ - ____ - _____



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13A. Date Father last worked (MM/CCYY: None; Withheld; Unknown) _____

13B. Father's job title _____

13C. Father's type of business _____

13D. Father's Education - Highest level or degree _____

14A. Mother Hispanic, Latino or Spanish? YES NO

14B. Mother's Race _____

14C. Date Mother last worked (MM/CCYY: None; Withheld; Unknown) _____

14D. Mother's job title _____

14E. Mother's type of business _____

14F. Mother's Education - Highest level or degree _____

15. Current home address _____

16A. City _____ 16B. State _____ 16C. Zip Code _____

If mother smokes please answer the following:

How Many Cigarettes or Packs of Cigarettes did the Mother smoke during each of the following time periods?

	# Of Cigarettes	or	# of Packs
Three Months Before Pregnancy:	_____	or	_____
First Three Months of Pregnancy:	_____	or	_____
Months 4, 5, and 6 of Pregnancy:	_____	or	_____
Last months of Pregnancy:	_____	or	_____



INSTRUCTIONS FOR BIRTH CERTIFICATE

Mother's Weight: Before pregnancy _____ Delivery weight _____

Mother's Height: Feet _____ Inches _____

Baby's APGAR Score: (00-1 0; Unknown) 1 minute __ 5 minutes __ 1 0 minutes __

17A. Date of last period _____

17AA. Date First Prenatal Care Visit: _____ (MM/CCYY; None; Withheld; Unknown)

17B. Date of Last Prenatal Care Visit: _____ (MM/CCYY; None; Withheld; Unknown)

17C. Number of Prenatal Visits (Excluding ER visits) _____

17D. Principle source of payment for prenatal care _____

18A. Birth weight _____

18B. How many completed weeks of pregnancy? (01-52; Unknown) _____

18C. Was a hearing test done on baby? _____

(Pass (Both Ears); Refer (Both Ears); Results Pending; Waived; Not Medically Indicated; Test Not Available)

19A. How many other living children do you have? _____

19B. Number of children, if any, who have passed away _____

19C. Date of previous child's birth _____

19D. Number of any miscarriages Before 20 weeks ____ After 20 weeks ____

Method of Delivery Vaginal 1st C/Section Repeat C/Section (How many?) _____

20. Complication & procedures of pregnancy _____

21. Complication of labor & delivery _____

22. Abnormal conditions related to the newborn _____

23. Father/Parent Social Security Number _____

24. Mother/Parent Social Security Number _____

