

# 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 and complete 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, or obtaining a passport or Social Security Number (SSN) 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 (<https://www.cdph.ca.gov/Programs/CHSI/Pages/Vital-Records-Processing-Times.aspx>).

## Common mistakes that require amendments or court orders:

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

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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.

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- ✓ 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 (<https://www.cdph.ca.gov/Programs/CHSI/Pages/Correcting-or-Amending-Vital-Records.aspx>).

## INSTRUCTIONS FOR BIRTH CERTIFICATE

## PATIENT IDENTIFICATION



CL0090

DOB:  
MRN:

SX:

## What You Need to Know about Data Collected from Your Child's Birth Certificate

Why is birth certificate information collected?

The birth certificate information is collected based on California Health and Safety Code (HSC) sections 102425 and 102426. This law lists all of the information required on the California birth certificate. This law also makes ***all medical information confidential***.

Is birth certificate information confidential?

**All medical information, including parents' race, education, occupation, SSNs, and address, is considered confidential and is not released to the public.** Access to the confidential portion of the birth certificate is limited to the California Department of Public Health, California Department of Health Care Services, California Department of Finance, ScholarShare Investment Board, local health department, persons with a valid scientific interest as determined by the State Registrar, Committee for Protection of Human Subjects, parent who signed the certificate or parent giving birth, the child named on the birth certificate, and the hospital responsible for preparing and submitting the birth record (Reference HSC 102430). This packet identifies the pages that contain confidential data collected from the parents at the top of the pages.

What is 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 births, maternal deaths, other labor and delivery outcomes, and public health programs.

Do I have to provide all information?

All information is required by law with the exception of the parents' race, occupation, education, and SSNs. Although not required, reporting information about your race, occupation, and education helps public health programs to succeed. Without information, we cannot effectively develop public health programs to treat gestational diabetes, assist with teen pregnancies, manage services for Women, Infants & Children (WIC), and so much more.

Who collects birth certificate information?

Birth certificate information is collected by the birth clerk. It is then securely sent to the local health department, then to the California Department of Public Health – Vital Records for registration, and finally sent to the National Center for Health Statistics within the Centers for Disease Control and Prevention. If parents request an SSN for their newborn, then non-medical information as well as parent SSN (if listed) and address of where SSN card should be sent are forwarded to the Social Security Administration. ScholarShare information is collected solely for the purposes and use of the ScholarShare program.

I still have questions ...

Please contact the California Department of Public Health – Vital Records at (916) 445-2684.

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**Certificate of Live Birth Worksheet**

Please complete this information to prepare your child's birth certificate.

Name of Child: (If a name has not been determined at the time the birth certificate is created, a dash (-) can be entered for the first, middle and last name. The birth certificate can be amended later to add the child's name.)

**FOR HOSPITAL OR ATTENDANT USE ONLY:**

Room: \_\_\_\_\_ MR: \_\_\_\_\_

Attendant: \_\_\_\_\_

Clerk Initial: \_\_\_\_\_

Date Given to Parent(s): \_\_\_\_\_

Date Completed: \_\_\_\_\_

1A. First Name: \_\_\_\_\_

1B. Middle Name: \_\_\_\_\_

1C. Last Name: \_\_\_\_\_

Suffix (Optional):  I  II  III  IV  V  VI  VII  VIII  IX  X  JR  SR

2. Sex:  Male  Female  Unknown/Undetermined

3. Plurality:  Single  Twin

4A. Date of Birth: \_\_\_\_\_ 4B. Time of Birth: \_\_\_\_\_

**Planned Place of Birth:**

Place of birth and planned place of birth refer to categories, and do not refer to specific addresses. Categories include: Hospital, Freestanding Birth Center, Home Delivery, Clinic/doctor's office, Other, and Unknown.

Did the place of birth category match the planned place of birth category?  Yes  No  Unknown

If place of birth category did not match planned place of birth category, where did you plan for this birth to take place?

- Hospital
- Freestanding Birth Center
- Other \_\_\_\_\_
- Unknown
- Home Delivery
- Clinic/doctor's office

*(Please specify other category, do not put names of specific facilities, business names, other places)*

Birth name of Parent Giving Birth (fields 9A, 9B, 9C, on child's birth certificate), unless a certified copy of a surrogate court order is presented. If only one parent is listed on the birth certificate, they must be listed in fields 9A, 9B, 9C.

9A. First Name: \_\_\_\_\_

9B. Middle Name: \_\_\_\_\_

9C. Last Name (Birth): \_\_\_\_\_

Suffix:  I  II  III  IV  V  VI  VII  VIII  IX  X  JR  SR

This question collects information on whether the person listed in Field 9A-C is the genetic mother of the child. This information is confidential and does not print on the birth certificate. Parents do not need to report this information. This information is voluntary.

Is this the Genetic Mother?  Yes  No  Unknown

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9D. Relationship to Child (Optional):  Mother  Father  Parent

10. Birth State/Foreign Country:

- US State. State Name: \_\_\_\_\_
- US Territory. Territory Name: \_\_\_\_\_
- Canadian Province. Province Name: \_\_\_\_\_
- Mexican State. State Name: \_\_\_\_\_
- Other Country. Country Name: \_\_\_\_\_
- Other Country Unknown
- Unknown

(Specify the Birth State/Foreign Country from the dropdown in EBRS)

11. Birth Date: \_\_\_\_\_

Are the Parents Married and/or in a State Registered Partnership (SRDP), or is there a certified surrogate court order?

Yes  No  Unknown

Has a Voluntary Declaration of Parentage (VDOP) form been completed and signed?

Yes  No

If the parents are not married or in an SRDP, then the biological or intended parents may sign the Voluntary Declaration of Parentage (VDOP) form to list the biological parent not giving birth or intended parent in fields 6A, 6B, 6C at the time of birth. If the parents are not married or in an SRDP, do not have a surrogate court order and do not complete the VDOP, the second parent cannot be listed or have additional information collected for the birth certificate. Reference Health and Safety Code Section 102425(a)(4). Additional parents may be added through the amendment process after the certificate is registered.

**ScholarShare Contact Information for Parent Giving Birth.** This information is for ScholarShare use only. This information does not print on the birth certificate and is not included with any data collected on the birth certificate.

E-mail address: \_\_\_\_\_

Mobile Phone Number (Include area code and country code if applicable): \_\_\_\_\_

**Birth Name of Parent Not Giving Birth or Intended Parent (Fields 6A, 6B, 6C, on child's birth certificate):**

6A. First Name: \_\_\_\_\_

6B. Middle Name: \_\_\_\_\_

6C. Last Name: \_\_\_\_\_

Suffix:  I  II  III  IV  V  VI  VII  VIII  IX  X  JR  SR

6D. Relationship to Child (Optional):  Mother  Father  Parent

7. Birth State/Foreign Country:

- US State. State Name: \_\_\_\_\_
- US Territory. Territory Name: \_\_\_\_\_
- Canadian Province. Province Name: \_\_\_\_\_
- Mexican State. State Name: \_\_\_\_\_
- Other Country. Country Name: \_\_\_\_\_
- Other Country Unknown
- Unknown

(Specify the Birth State/Foreign Country from the dropdown in EBRS)

8. Birth Date: \_\_\_\_\_

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**ScholarShare Contact Information for Parent Not Giving Birth or Intended Parent (Person listed in 6A-6C).**  
This contact information is for ScholarShare use only. This information does not print on the birth certificate and is not included with any data collected on the birth certificate. If no parent is listed in fields 6A-6C, do not collect this information.

E-mail address: \_\_\_\_\_

Mobile Phone Number (Include area code and country code if applicable): \_\_\_\_\_

**Names of Parent(s)/Informant(s) Signing the Birth Certificate:**

**12A.** Printed Name of Parent/Informant 1 who will sign the Birth Certificate **(Required)**

\_\_\_\_\_  
Your name should be printed as you want it to appear in field 12A in lieu of an ink signature.

**12B.** Relationship of Parent/Informant 1:

- Mother
- Father
- Parent
- Other: \_\_\_\_\_

**12A.** Printed Name of Parent/Informant 2 who will sign the Birth Certificate **(Optional)**

\_\_\_\_\_  
Your name should be printed as you want it to appear in field 12A in lieu of an ink signature.

**12B.** Relationship of Parent/Informant 2:

- Mother
- Father
- Parent
- Other: \_\_\_\_\_

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**Father or Parent Information**

**Field 19 (Father or Parent)**

Is the father or parent Hispanic, Latino, or Spanish?

- Yes If Yes, please specify:  Cuban
- No  Mexican
- Unknown  Puerto Rican
- Withheld  Other: \_\_\_\_\_

**Fields 18 and 21**

Up to three races may be entered for each parent on the birth certificate. Unless otherwise specified, the selected race(s) will print on the certificate. If the parent(s) would like a different description to print on the certificate, enter it in the space provided.

**Field 18 (Father or Parent)**

**White**

- White \_\_\_\_\_
- Caucasian \_\_\_\_\_

**Black or African American**

- Black \_\_\_\_\_
- African American \_\_\_\_\_

**Hispanic**

- Mexican \_\_\_\_\_
- Mexican American \_\_\_\_\_
- Other Hispanic, specify: \_\_\_\_\_

**American Indian or Alaskan Native**

- Alaska Native \_\_\_\_\_
- Eskimo \_\_\_\_\_
- Aleut \_\_\_\_\_
- Native American \_\_\_\_\_
- American Indian \_\_\_\_\_

**Asian**

- Chinese \_\_\_\_\_
- Japanese \_\_\_\_\_
- Filipino \_\_\_\_\_
- Korean \_\_\_\_\_
- Vietnamese \_\_\_\_\_
- Asian Indian \_\_\_\_\_
- Cambodian \_\_\_\_\_
- Thai \_\_\_\_\_
- Laotian \_\_\_\_\_
- Hmong \_\_\_\_\_
- Indonesian \_\_\_\_\_

**Mother Information**

**Field 22 (Mother)**

Is the mother Hispanic, Latina, or Spanish?

- Yes If Yes, please specify:  Cuban
- No  Mexican
- Unknown  Puerto Rican
- Withheld  Other: \_\_\_\_\_

**Field 21 (Mother)**

**White**

- White \_\_\_\_\_
- Caucasian \_\_\_\_\_

**Black or African American**

- Black \_\_\_\_\_
- African American \_\_\_\_\_

**Hispanic**

- Mexican \_\_\_\_\_
- Mexican American \_\_\_\_\_
- Other Hispanic, specify: \_\_\_\_\_

**American Indian or Alaskan Native**

- Alaska Native \_\_\_\_\_
- Eskimo \_\_\_\_\_
- Aleut \_\_\_\_\_
- Native American \_\_\_\_\_
- American Indian \_\_\_\_\_

**Asian**

- Chinese \_\_\_\_\_
- Japanese \_\_\_\_\_
- Filipino \_\_\_\_\_
- Korean \_\_\_\_\_
- Vietnamese \_\_\_\_\_
- Asian Indian \_\_\_\_\_
- Cambodian \_\_\_\_\_
- Thai \_\_\_\_\_
- Laotian \_\_\_\_\_
- Hmong \_\_\_\_\_
- Indonesian \_\_\_\_\_

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**Asian continued**

- Malaysian \_\_\_\_\_
- Taiwanese \_\_\_\_\_
- Bangladeshi \_\_\_\_\_
- Pakistani \_\_\_\_\_
- Sri Lankan \_\_\_\_\_
- Other Asian, specify: \_\_\_\_\_

**Native Hawaiian or Other Pacific Islander**

- Native Hawaiian \_\_\_\_\_
- Guamanian \_\_\_\_\_
- Samoan \_\_\_\_\_
- Fijian \_\_\_\_\_
- Tongan \_\_\_\_\_
- Other Pacific Islander, specify \_\_\_\_\_

**Unknown or Other**

- Unknown \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Withheld**

- Withheld \_\_\_\_\_

**Asian continued**

- Malaysian \_\_\_\_\_
- Taiwanese \_\_\_\_\_
- Bangladeshi \_\_\_\_\_
- Pakistani \_\_\_\_\_
- Sri Lankan \_\_\_\_\_
- Other Asian, specify: \_\_\_\_\_

**Native Hawaiian or Other Pacific Islander**

- Native Hawaiian \_\_\_\_\_
- Guamanian \_\_\_\_\_
- Samoan \_\_\_\_\_
- Fijian \_\_\_\_\_
- Tongan \_\_\_\_\_
- Other Pacific Islander, specify \_\_\_\_\_

**Unknown or Other**

- Unknown \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_
- Other \_\_\_\_\_

**Withheld**

- Withheld \_\_\_\_\_

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**20C. Father or Parent Education:** (Enter Highest Level or Degree of School Completed. **Does not include trade schools/occupation-specific certificate programs**)

- 0-11<sup>th</sup> Grade. Highest Grade Completed: \_\_\_\_\_
- High School Diploma
- Some College (No degree)
- Bachelor's Degree (e.g., BA, BSc, BEng)
- Doctorate Degree (e.g., PhD, EdD)
- 12<sup>th</sup> Grade with No Diploma
- General Equivalency Diploma (GED)
- Associate's Degree (e.g., AA, AS, AAS, AAB)
- Master's Degree (e.g., MA, MSc, MBA, MSW)
- Professional Degree (e.g., MD, JD, DDS, LLB)

**20A. Father or Parent Usual Occupation:**

Work done for the longest period of time. Do **not** enter company name.

**20B. Father or Parent Kind of Business/Industry:**

Do **not** enter company name.

**Sexual Orientation / Gender Identity.** This information is optional and should only be provided by the parent identified in fields 6A-6C. **This information is confidential and does not print on the birth certificate.**

1. *What sex appears on your original birth certificate?*  
 Male  Female  Unknown  Decline to respond
2. *How do you describe your gender identity?*  
 Male  
 Female  
 Female-to-Male (FTM)/Transgender Male/Trans Man  
 Male-to-Female (MTF)/Transgender Female/Trans Woman  
 Nonbinary, Genderqueer, neither exclusively male nor female  
 Other gender category, please specify: \_\_\_\_\_  
 Do not know/Unsure  
 Decline to respond
3. *How do you describe your sexual orientation? (if more than one orientation, select orientation with which you identify the most)*  
 Lesbian, gay or homosexual  
 Straight or heterosexual  
 Bisexual  
 Pansexual  
 Other, please specify: \_\_\_\_\_  
 Do not know/Unsure  
 Decline to respond

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**23C. Mother Education:** (Enter Highest Level or Degree of School Completed. **Does not include trade schools/occupation-specific certificate programs**)

- |   |   |
|---|---|
| <input type="checkbox"/> 0-11 <sup>th</sup> Grade. Highest Grade Completed: _____ | <input type="checkbox"/> 12 <sup>th</sup> Grade with No Diploma       |
| <input type="checkbox"/> High School Diploma                                      | <input type="checkbox"/> General Equivalency Diploma (GED)            |
| <input type="checkbox"/> Some College (No degree)                                 | <input type="checkbox"/> Associate's Degree (e.g., AA, AS, AAS, AAB)  |
| <input type="checkbox"/> Bachelor's Degree (e.g., BA, BSc, BEng)                  | <input type="checkbox"/> Master's Degree (e.g., MA, MSc, MBA, MSW)    |
| <input type="checkbox"/> Doctorate Degree (e.g., PhD, EdD)                        | <input type="checkbox"/> Professional Degree (e.g., MD, JD, DDS, LLB) |

**23A. Mother Usual Occupation:**

Work done for the longest period of time. Do **not** enter company name.

**23B. Mother Kind of Business/Industry:**

Do **not** enter company name.

**Sexual Orientation / Gender Identity.** This information is optional and should only be provided by the parent identified in fields 9A-9C. **This information is confidential and does not print on the birth certificate.**

- What sex appears on your original birth certificate?*

Male  Female  Unknown  Decline to respond
- How do you describe your gender identity?*

Male

Female

Female-to-Male (FTM)/Transgender Male/Trans Man

Male-to-Female (MTF)/Transgender Female/Trans Woman

Nonbinary, Genderqueer, neither exclusively male nor female

Other gender category, please specify: \_\_\_\_\_

Do not know/Unsure

Decline to respond
- How do you describe your sexual orientation? (if more than one orientation, select orientation with which you identify the most)*

Lesbian, gay or homosexual

Straight or heterosexual

Bisexual

Pansexual

Other, please specify: \_\_\_\_\_

Do not know/Unsure

Decline to respond

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**24A-E. Parent Giving Birth Residence Address (Required). P.O. Boxes Are Not Acceptable.**

Street Number and Name: \_\_\_\_\_ Apt/Suite/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip Code/Postal Code: \_\_\_\_\_ County/Country: \_\_\_\_\_

**Medical and Health Data: Birth Parent and Newborn**

Did the person giving birth receive Women, Infants and Children (WIC) food while pregnant?

Yes  No  Unknown

Did the person giving birth smoke before or during the pregnancy? Enter number of cigarettes smoked per day as follows:

During the three months prior to becoming pregnant:

- Did not smoke
- Cigarettes. # per day \_\_\_\_\_
- Packs. # per day \_\_\_\_\_
- Unknown

During the first three months of pregnancy:

- Did not smoke
- Cigarettes. # per day \_\_\_\_\_
- Packs. # per day \_\_\_\_\_
- Unknown

During the second three months of pregnancy:

- Did not smoke
- Cigarettes. # per day \_\_\_\_\_
- Packs. # per day \_\_\_\_\_
- Unknown

During the last three months of pregnancy:

- Did not smoke
- Cigarettes. # per day \_\_\_\_\_
- Packs. # per day \_\_\_\_\_
- Unknown

Birth Parent: Prepregnancy Weight: \_\_\_\_\_ Delivery Weight: \_\_\_\_\_ Height: \_\_\_\_\_

APGAR score (5 minute): \_\_\_\_\_ APGAR score (10 minute): \_\_\_\_\_

**25A.** Date Last Normal Menses Began: (if exact date is unknown, enter the month and year) \_\_\_\_\_

**25AA.** Date of First Prenatal Care Visit: (if exact date is unknown, enter the month and year) \_\_\_\_\_

**25B.** Month Prenatal Care Began: \_\_\_\_\_ **25BA.** Date of Last Prenatal Care Visit: \_\_\_\_\_  
(e.g., 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, Unknown, etc.) (Do not enter delivery date)

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25C. Number of Prenatal Visits: \_\_\_\_\_

(Count only visits recorded in the most current record available. Do not estimate additional prenatal visits when the prenatal record is not up to date. Do not include non-pregnancy related visits to ER; visit to confirm pregnancy; nutritionist; dietitian; health educator, etc. Normal prenatal visits are approximately 16.)

26. Birthweight in Grams: \_\_\_\_\_

26A. Obstetric Estimate of Gestation: \_\_\_\_\_ (Completed Weeks)

26B. Hearing Screening:

- Pass Both
- Refer One
- Refer Both
- Results Pending
- Waived
- Not Med Indicated
- Test Not Available

27A. Number of Previous Live Births Now Living: \_\_\_\_\_

27B. Number of Previous Live Births Now Dead: \_\_\_\_\_

27C. Date of Last Live Birth: \_\_\_\_\_ (Do not count this child.)

27D. Number of Miscarriages Before 20 Weeks: (Do not count abortions) \_\_\_\_\_

27E. Number of Miscarriages After 20 Weeks: \_\_\_\_\_

27F. Date of Last Miscarriage: \_\_\_\_\_

28A. Method of Delivery:  Vaginal  C/Section

29. 6A-6C/Parent Social Security Number: \_\_\_\_\_  
 Withheld  None  Unknown

30. 9A-9C/Parent Social Security Number: \_\_\_\_\_  
 Withheld  None  Unknown

F. Social Security Number Requested for Child:  Yes  No

Birth Parent Mailing Address. This is the address where the Child's Social Security Card will be mailed. This mailing address will also be shared with the ScholarShare Investment Board. P.O. Boxes are allowed. The Social Security Administration guidance limits the Enumeration at Birth program to hospital births.

Street Number and Name: \_\_\_\_\_ Apt/Suite/Unit: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip Code/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

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