



# State of Colorado Birth Certificate Worksheet

This information will be used to create your child's birth certificate. All information below must be complete and accurate. If you have questions or are unsure of any information, please leave that space blank and ask the hospital staff member who collects this form for assistance.

|                                                                     |  |       |        |                                                          |        |  |  |
|---------------------------------------------------------------------|--|-------|--------|----------------------------------------------------------|--------|--|--|
| <b>PLEASE PRINT CLEARLY</b>                                         |  |       |        | <b>INFANT</b>                                            |        |  |  |
| Child's full name:                                                  |  | First | Middle | Last                                                     | Suffix |  |  |
| Do you wish for a Social Security number to be issued to the child? |  |       |        | Yes <input type="checkbox"/> No <input type="checkbox"/> |        |  |  |
| (There is no charge for this service.)                              |  |       |        |                                                          |        |  |  |

|                                                  |  |                                  |                    |                      |                                                                |                                                 |                                                                               |  |
|--------------------------------------------------|--|----------------------------------|--------------------|----------------------|----------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------------------------------------|--|
| <b>MOTHER</b>                                    |  |                                  |                    |                      |                                                                |                                                 |                                                                               |  |
| Mother's current full name:                      |  | First                            | Middle             | Last Name            |                                                                |                                                 |                                                                               |  |
| Mother's full name before 1st marriage (maiden): |  | First                            | Middle             | Last Name (maiden)   |                                                                |                                                 |                                                                               |  |
| Mother's date of birth:                          |  |                                  | Month / Day / Year | Mother's birthplace: |                                                                | State, or country if not U.S.A.                 |                                                                               |  |
|                                                  |  |                                  |                    |                      | If born outside the U. S., how long lived in U.S.?             |                                                 |                                                                               |  |
|                                                  |  |                                  |                    |                      | <input type="checkbox"/> Years <input type="checkbox"/> Months |                                                 |                                                                               |  |
| Mother's current residence:                      |  | Street address - not a P.O. Box  |                    |                      | Apt.#                                                          |                                                 | City                                                                          |  |
|                                                  |  |                                  |                    |                      |                                                                |                                                 | Inside city limits?: Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| County                                           |  | State (if Canada, list Province) |                    | Zip                  |                                                                | Mailing address if different from above address |                                                                               |  |
|                                                  |  |                                  |                    |                      |                                                                |                                                 |                                                                               |  |

Mother's Social Security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>MOTHER'S EDUCATION</b> (Check the box that best describes the highest degree or level of school completed at the time of delivery)<br><input type="checkbox"/> 8th grade or less<br><input type="checkbox"/> 9th - 12th grade, no diploma<br><input type="checkbox"/> High school graduate or GED completed<br><input type="checkbox"/> Some college credit but no degree<br><input type="checkbox"/> Associate degree (e.g., AA, AS)<br><input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)<br><input type="checkbox"/> Master's degree (e.g., MA, MS, MSW, MBA)<br><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) | <b>MOTHER OF HISPANIC ORIGIN?</b> (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina.)<br><input type="checkbox"/> No, not Spanish/Hispanic/Latina<br><input type="checkbox"/> Yes, Mexican, Mexican American, Chicana<br><input type="checkbox"/> Yes, Puerto Rican<br><input type="checkbox"/> Yes, Cuban<br><input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (Specify) _____ | <b>MOTHER'S RACE</b> (Check one or more races to indicate what the mother considers herself to be)<br><input type="checkbox"/> White<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____<br><input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Asian (Specify) _____<br><input type="checkbox"/> Chinese <input type="checkbox"/> Native Hawaiian<br><input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian or Chamorro<br><input type="checkbox"/> Japanese <input type="checkbox"/> Samoan<br><input type="checkbox"/> Korean <input type="checkbox"/> Other Pacific Islander (Specify) _____<br><input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify) _____ |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Yearly household income:  less than \$15,000  \$15,000-\$24,999  \$25,000-\$34,999  \$35,000-\$49,999  
 \$50,000-\$74,000  \$75,000+

Marital status:  Married but separated  Divorced (date: / / )  Never married  Married (includes common-law)  
 Widowed (date: / / )

(If mother is not married or, married, but not to the child's father, an Acknowledgement of Paternity form must be completed to add the father to the birth certificate. Please see the hospital staff member who collects this form for assistance.)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                      |                                                                |                                 |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------------|----------------------------------------------------------------|---------------------------------|--|
| <b>FATHER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                      |                                                                |                                 |  |
| Father's full name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | First                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Middle             | Last name            | Suffix                                                         |                                 |  |
| Father's date of birth:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Month / Day / Year | Father's birthplace: |                                                                | State, or country if not U.S.A. |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                      | If born outside the U. S., how long lived in U.S.?             |                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                      | <input type="checkbox"/> Years <input type="checkbox"/> Months |                                 |  |
| Father's Social Security number: _____ - _____ - _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                    |                      |                                                                |                                 |  |
| <b>FATHER'S EDUCATION</b> (Check the box that best describes the highest degree or level of school completed at the time of delivery)<br><input type="checkbox"/> 8th grade or less<br><input type="checkbox"/> 9th - 12th grade, no diploma<br><input type="checkbox"/> High school graduate or GED completed<br><input type="checkbox"/> Some college credit but no degree<br><input type="checkbox"/> Associate degree (e.g., AA, AS)<br><input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)<br><input type="checkbox"/> Master's degree (e.g., MA, MS, MSW, MBA)<br><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD) | <b>FATHER OF HISPANIC ORIGIN?</b> (Check the box that best describes whether the father is Spanish/Hispanic/Latino. Check the "No" box if father is not Spanish/Hispanic/Latino.)<br><input type="checkbox"/> No, not Spanish/Hispanic/Latino<br><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano<br><input type="checkbox"/> Yes, Puerto Rican<br><input type="checkbox"/> Yes, Cuban<br><input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify) _____ | <b>FATHER'S RACE</b> (Check one or more races to indicate what the father considers himself to be)<br><input type="checkbox"/> White<br><input type="checkbox"/> Black or African American<br><input type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) _____<br><input type="checkbox"/> Asian Indian <input type="checkbox"/> Other Asian (Specify) _____<br><input type="checkbox"/> Chinese <input type="checkbox"/> Native Hawaiian<br><input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian or Chamorro<br><input type="checkbox"/> Japanese <input type="checkbox"/> Samoan<br><input type="checkbox"/> Korean <input type="checkbox"/> Other Pacific Islander (Specify) _____<br><input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify) _____ |                    |                      |                                                                |                                 |  |

I certify that the above information is accurate to the best of my knowledge. In the event an error is made on this birth certificate by the hospital or registered midwife during the registration process, I authorize the hospital or registered midwife to act on my behalf as my legal representative to correct the error.

Informant signature: \_\_\_\_\_ Date: \_\_\_\_\_

Informant relationship: Mother  Father  Other \_\_\_\_\_ (Please specify)

Mother's phone number: / /