



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.

PLEASE PRINT CLEARLY				INFANT			
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.)							

MOTHER							
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: _____ - _____ - _____

MOTHER'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of delivery) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)	MOTHER OF HISPANIC ORIGIN? (Check the box that best describes whether the mother is Spanish/Hispanic/Latina. Check the "No" box if mother is not Spanish/Hispanic/Latina.) <input type="checkbox"/> No, not Spanish/Hispanic/Latina <input type="checkbox"/> Yes, Mexican, Mexican American, Chicana <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latina (Specify) _____	MOTHER'S RACE (Check one or more races to indicate what the mother considers herself to be) <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"/> Other Asian (Specify) _____ <input type="checkbox"/> Chinese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Japanese <input type="checkbox"/> Samoan <input type="checkbox"/> Korean <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify) _____
Yearly household income: <input type="checkbox"/> less than \$15,000 <input type="checkbox"/> \$15,000-\$24,999 <input type="checkbox"/> \$25,000-\$34,999 <input type="checkbox"/> \$35,000-\$49,999 <input type="checkbox"/> \$50,000-\$74,000 <input type="checkbox"/> \$75,000+		
Marital status: <input type="checkbox"/> Married but separated <input type="checkbox"/> Divorced (date: / /) <input type="checkbox"/> Never married <input type="checkbox"/> Married (includes common-law) <input type="checkbox"/> 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.)		

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