INSTRUCTION GUIDE

HOW TO COMPLETE
THE CERTIFICATE OF LIVE BIRTH FORM

REVISED
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INTRODUCTION

Purpose:

Arizona State law requires birth certificates to be completed for all births, and Federal law mandates the national collection and publication of births and other vital statistics data. The National Vital Statistics System is the result of the cooperation between the National Center for Health Statistics (NCHS) and all States to provide access to statistical information from birth certificates.

This manual is designed to assist hospital staff, midwives, and parents with the process of accurately registering a birth in accordance with State and Federal law. You are a critical partner with the Office of Vital Records in reporting quality vital statistic data!

This manual provides step-by-step instruction on how to properly complete the Certificate of Live Birth form. The information requested on the birth certificate is not only used for legal purposes, it is also used for annual statistical analysis that provides population-level data on patterns and trends in health status of Arizonans ranging from prenatal care and pregnancy outcomes to ethnic differences in morbidity and mortality. These statistics are essential in evaluating, planning and implementing programs in public health.

When a birth occurs in a hospital or other birthing facility, the hospital chief administrative officer or their designee has the overall responsibility for obtaining the personal data, preparing the certificate or report, securing the required signatures, and filing the certificate or report with the local or state registrar. (A.R.S. 36-333.B)

When a birth occurs at home, the healthcare professional, parents or a family member may complete the Certificate of Live Birth form to register the birth of the child. The following sections will provide detailed instruction on the process.
HOME BIRTH REGISTRATION

Home birth is defined as: both the child and placenta are born away from a hospital or birthing facility, and not enroute to a hospital or birthing facility. Note: If a child or placenta is delivered enroute to or at a hospital or birthing facility, the hospital or birthing facility is required to register the birth.

Requirements to Register Births for Home Births within the 7-Day Timeframe

When a child is born at home, who may register the child’s birth? The child’s father, mother, other family member, physician, nurse, midwife or a person present during or immediately after the birth may register the birth if they are at least 18 years old. (A.R.S. 36-333.C.3) If the child is being registered within 7 days of the birth (if registered by mail, then, postmarked within 7 days of the birth,), the following must be submitted:

1. Certificate of Live Birth form must be completed and signed by the informant and attendant and must be forwarded to the County or State Vital Records office.
2. If the parents are not married, an Acknowledgement of Paternity or Court-Ordered Paternity (certified copy) must be submitted before the father can be added to the birth certificate.

Requirements for Late Registration (More than 7 days but less than 1 year)

If a child’s birth is being registered more than 7 days but less than 1 year after birth, a parent may register their child’s birth by submitting the following documents: (R9-19-202)

1. The mother, father, family member, physician, nurse or midwife registering the birth must provide a completed Certificate of Live Birth form signed by informant and attendant (A.R.S. 36-333).
2. A government-issued I.D. of the parent or family member registering a home birth
3. Document proving the mother was present in Arizona during the month and year of the child’s birth
   a. Examples include:
      i. Medical record, a utility bill, public assistance document, etc.
         1. The document must show the month and year in which the child was born with the mother’s name and address
         2. The document must show the date it was established
4. Document proving the child was present in Arizona during the month and year of the their birth
   a. Examples include:
      i. Medical record, church record, public assistance document, etc.
         1. The document must show the month and year in which the child was born with the mother’s name and address
         2. The document must show the date it was established
5. If the parents are not married, an Acknowledgement of Paternity or Court-Ordered Paternity must be submitted before the father can be added to the birth certificate.
36-333. Birth certificate registration

A. Within seven days after a child's birth in this state, a person shall submit to a local registrar, a deputy local registrar or the state registrar, a birth certificate for registration according to rules adopted pursuant to this chapter. The birth certificate shall be submitted physically or electronically through the state designated electronic registration system. A local registrar, a deputy local registrar or the state registrar may accept a certificate submitted electronically without the signatures required by rule.

B. If a birth occurs at a hospital, the chief administrative officer of the hospital or that person's designee shall:

1. Obtain the information for a birth certificate, including signatures and social security numbers required by rule.

2. Fill out the birth certificate.

3. Submit the birth certificate for registration to a local registrar, a deputy local registrar or the state registrar.

4. Maintain a copy of the evidentiary documents used to fill out the birth certificate for ten years after the date of submission.

C. If a birth does not occur at a hospital one of the following persons shall obtain the information, evidentiary documents, social security numbers and signatures required by rule for a birth certificate, fill out the birth certificate and submit the birth certificate for registration to a local registrar, a deputy local registrar or the state registrar:

1. A physician, nurse or midwife who is present at the birth and who is willing and able to do so during or immediately after the birth.

2. If a physician, nurse or midwife is not present at the birth or is not willing or able to do so, the child's mother or father or a family member of legal age who is present, willing and able to do so during or immediately after the birth.

3. If the child's father or other family member of legal age is not present or is not willing or able and the child's mother is not willing or able to supply the required information, any other person who is present during or immediately after the child's birth and who can supply the required information.

D. If a birth occurs in a moving conveyance, the birth is considered to have occurred in the place where the child is initially removed from the conveyance. If the child is initially removed from the conveyance at a hospital, the person named in subsection B shall submit the birth certificate to the state registrar or the local registrar or deputy local registrar of the registration district where the child is first removed. If the child is initially removed from the conveyance at any location other than at a hospital, the person identified in subsection C shall submit the birth certificate to the state registrar or to the local registrar or deputy local registrar of the registration district where the child is first removed.

E. A local registrar, a deputy local registrar or the state registrar shall register a birth certificate if the birth certificate is accurate and complete and submitted according to this chapter and rules adopted pursuant to this chapter.
36-333.01 Late birth certificate registration

If a completed birth certificate and evidentiary documents are submitted to a local registrar, a deputy local registrar or the state registrar for registration more than seven days but less than one year after the date of birth, the local registrar, deputy local registrar or state registrar shall register the birth certificate as a late birth certificate if the information on the birth certificate and evidentiary documents are accurate and complete, support the registration of the late birth certificate and are submitted pursuant to this chapter and rules adopted pursuant to this chapter.

R9-19-202. General requirements regarding late birth certificates

A late birth certificate registered within one year from date of the birth shall satisfy the following requirements:

1. The birth of the registrant occurred in Arizona as evidenced by one independent factual document establishing the mother's presence in Arizona at the time of birth;

2. The certificate shall be signed by a parent, relative or other person who can certify from personal knowledge of the date and place of birth, names of the parents and other facts required on the certificate.

3. The certificate shall be signed by the physician, midwife or other attendant who delivered the child. If the child was born in a hospital and the attending physician is no longer available, the hospital administrator or person in charge of medical records may sign instead and indicate his title; and

4. The certificate shall be registered by the local registrar of the district in which the birth occurred, unless exempted by law.

To obtain a Certificate of Live Birth form and instruction packet, call 602-364-2429.

To obtain an Acknowledgment of Paternity go to website: http://www.azdhs.gov/vitalrcd/forms.htm

Requirements to Register a Birth of a Person Over 1 Year Old

If a home birth is being registered more than 1 year after birth, it is called a “delayed birth”. Please contact the State Office of Vital Records for further information at 602-364-1300 or visit the State Vital Records website at http://www.azdhs.gov/vitalrcd/index.htm.
The Certificate of Live Birth form
NEWBORN SCREENING

TEST
NEWBORN SCREENING
SICKLE CELL ANEMIA

WAS TEST GIVEN?

☑ YES ☐ NO ☐ UNKNOWN

☑ YES ☐ NO ☐ UNKNOWN

DATE BLOOD DRAWN

______/______/______

IMMUNIZATION

VACCINATION NAME

☑ YES ☐ NO ☐ UNKNOWN

SITE

LOT.

MANUFACTURER

DATE ______/______/______

EXAMPLE: Delta, Left Forearm, Right, etc.

PROVIDER NAME

PROVIDER TITLE

Example: M.D., D.O., A.N., etc.

Registered By (please print or type):

Name:

Address:

Phone Number:

(_____)
BIRTH CERTIFICATE PROCESSING

PART 1: PERSONAL INFORMATION
Part 1: Personal Information (Fields 1-19)

1. **CHILD’S NAME (A,B,C)**
Enter first, middle, and last name in appropriate spaces. Clearly print or type and closely proofread the spelling. If you use abbreviations such as “Wm.” or “Thom.” or a nickname, it will be the child’s legal name.

If no name has been chosen, write/type NOT NAMED in field 1A and leave field 1B blank. Line 1C must have a last name entered. Never write/type “unknown” for the last name.

If child has a suffix, enter it in the suffix box. You should use either Jr., or Roman Numerals such as II, III, etc.

Note: Acceptable punctuation for the Electronic Birth Certificate (EBC) system is: single space, apostrophe, hyphen, & period. A tilde ~ is not acceptable.

2. **SEX**
Enter male or female or, if the sex is ambiguous, enter “unknown”. Spell out the word completely. Note: A child with an unknown sex will not receive a social security number.

3A. **PLURALITY**
Specify whether it is a single birth, twin, triplet, etc. Spell out completely.

3B. **IF MULTIPLE BIRTH** (order of birth)
Specify whether the child is first, second, third, etc. Spell out completely and verify entry against the hour of birth to make sure birth order is correct. If not part of a multiple birth leave blank.

4A. **DATE OF BIRTH** (month, day, year)
Use the format month/day/year, as in “December 31, 2007”. No abbreviations. Be careful when entering the correct date of birth that occurs shortly before or after midnight. If the birth occurred at 12:00 midnight it is still the current day. If the birth occurred at 12:01 a.m. after midnight, it is considered the next day.

4B. **TIME OF BIRTH**
Enter hour of birth using prevailing local time; indicate by circling either a.m., p.m. or military time. A colon should divide a.m. and p.m. numbers, such as, 1:30 p.m.
5A. COUNTY OF BIRTH (county)
Enter the county where the birth took place. If the birth took place in a moving conveyance (car, helicopter, etc.), the county where the child was first removed from the vehicle by a doctor or other person providing medical attention for the child or the mother is considered the place of birth. Spell out the county completely.

If the birth occurred in international airspace or waters, enter the county where the infant was first removed from the boat or plane and given medical attention.

5B. CITY OF BIRTH (town or city)
Enter the town or city where the birth took place. If the birth took place in a moving conveyance (car, helicopter, etc.), the town or city where the child was first removed from the vehicle by a doctor or other person providing medical attention for the child or the mother is considered the place of birth. Spell out the town or city completely.

If the birth occurred in international airspace or waters, enter the town or city where the infant was first removed from the boat or plane.

5C. PLACE OF BIRTH (hospital, freestanding birthing center, residence, clinic/doctor’s office, other)
Check the appropriate box. If the facility is not one of the choices listed, check “other” and specify the other place.

For example: If the placenta is delivered enroute to or at a birthing facility, the birthing facility must register the birth and indicate the place of birth as, “freestanding birthing center”.

5D. FACILITY NAME (if not an institution, give street address)
Enter full name of hospital or other institution. Enter the address for home births or births that occurred in a doctor’s office. Note: If the placenta is delivered enroute to or at the facility, the facility name must be entered.

6. FATHER’S NAME (A, B, C)
If the mother is not married and paternity has not been established leave this field blank and skip to field 9.

Enter father’s first, middle, and last name in the appropriate spaces as it appears on his original birth certificate. Spell it out completely. If father has a suffix such as Jr., II, III, etc., enter it at the end of the last name.

If mother refuses to give her husband’s information, enter “Husband’s Information Refused”.

7. FATHER’S DATE OF BIRTH
Using the format month/day/year, print/type the month, day and full year e.g., Dec. 12, 1982. You may abbreviate the month.

8. FATHER’S PLACE OF BIRTH (STATE OR COUNTRY)
Enter the name of state or country where the father was born. Spell it out completely.
9. **MOTHER’S NAME (A, B, C, D)**
Enter the mother’s first, middle, last and maiden name in the appropriate spaces as it appears on her original birth certificate. If there is no middle name, please leave it blank.

10. **MOTHER’S DATE OF BIRTH**
Using the format month/day/year, print/type the month, day and full year e.g., Dec. 19, 1983. You may abbreviate the month.

11. **MOTHER’S PLACE OF BIRTH (state or country)**
Enter name of state or country where mother was born. Spell it out completely.

12A. **MOTHER’S USUAL RESIDENCE (state)**
Enter the state or country where the mother permanently resides at the time of birth. This is not a temporary residence, such as a relative or friends address. Spell it out completely.

12B. **MOTHER’S USUAL RESIDENCE (county)**
Enter the county where the mother lived at the time of birth. For those not living in the United States, enter the name of the state or province. Spell it out completely.

12C. **MOTHER’S USUAL RESIDENCE (town or city)**
Enter the town or city where the mother lived at the time of birth. For those not living in the United States, enter the name of the town or city. Spell it out completely.

12D. **ZIP CODE**
Enter the correct post office zip code for the place of residence at the time of birth.

12E. **STREET ADDRESS OR R.F.D.**
Enter house number and full name of street where the mother permanently resided at the time of birth. Be sure to specify street, such as road, place, avenue, etc. and unit number or apartment number. For rural locations show rural route name and number. If not on a rural route, describe location, such as one mile east of post office, etc. **Do not use a post office box number in this field.**

12F. **IN CITY LIMITS**
Regarding the address listed in 12E, check box yes or no.

13. **MOTHER’S MAILING ADDRESS**
If mother’s mailing address is different from field 12E complete this field. All post office box addresses are to be entered in this field. Be sure to include city, state, and zip code. If the residence address is the same as mailing address, leave this field blank.

14A. **PARENT OR INFORMANT SIGNATURE**
The informant is the person providing the birth information such as, number of prenatal visits, education, etc. Typically, it is the mother providing such information. After the informant has reviewed the information, they should sign the birth certificate. The informant’s signature confirms that the information provided is accurate. Use black ink only. If the informant cannot sign, the birth registrar or midwife may sign in behalf of the informant. The birth registrar must also list his/her title (Example: “Susie Jones, birth recorder (or midwife), for Mary Jenkins”).
15. **RELATIONSHIP TO CHILD**
Enter the relationship. Typically, it is the mother or father. If the birth registrar signed in behalf of the informant, enter the informant’s relationship to the child. Spell it out completely.

16. **DATE SIGNED**
Enter the date the informant signed the birth certificate. Using the format month/day/year, print/type the month, day and full year e.g., Nov. 19, 2007. You may abbreviate the month.

17A. **ATTENDANT’S SIGNATURE**
The physician, midwife, or other person physically present and responsible for delivering the birth should sign. Use black ink only. The name of the attendant should be typed or printed just below the signature line. If the physician is unable to sign, the birth registrar may sign in behalf of the physician. The birth registrar must also list his/her title. For example, “Susie Jones, birth recorder, for John Smith, M.D”.

Note: If an intern or nurse midwife delivers an infant under the supervision of an obstetrician who is present in the delivery room, either may be reported as the attendant. If the obstetrician is not physically present, the intern or nurse midwife must be reported as the attendant.

18. **TITLE**
Check the appropriate box for the title of the attendant. If “other” is checked, specify the role or relationship. Examples include nurse, father, police officer, and EMS technician. Spell it out completely.

19. **DATE SIGNED**
Enter the date the attendant signed the birth certificate. Using the format month/day/year, print/type the month, day and full year e.g., Nov. 19, 2007. You may abbreviate the month.
BIRTH CERTIFICATE PROCESSING

PART 2:
REGISTRAR

Please leave fields 20 - 25 blank, it is for Vital Records use only
Part II: Registrar (Fields 20-25)

20. **SUPPLEMENTARY ENTRIES**
This item is reserved for the state registrar’s use.

21. **DATE REGISTERED**
The local registrar (not parent or midwife) should enter the month, day, and year that the certificate was received and accepted for registration. Use the format month/day/year, as in December 7, 2006.

22. **REGISTRAR’S FILE NUMBER**
The local registrar should enter the file number assigned to the certificate. This number is generated by each county office for tracking purposes.

23. **REGISTRAR’S SIGNATURE**
The local registrar should sign this entry with his/her usual name. If he/she is a deputy local registrar, the word “Deputy” should be written after the registrar’s name.

24. **REGISTRATION DISTRICT**
The local registrar should enter the registration district number assigned to their office by the state office. IT IS IMPORTANT THAT THIS NUMBER BE ENTERED CORRECTLY, as it is used to compute the number of certificates submitted.

25. **DATE RECEIVED IN STATE OFFICE**
Each office registering the birth should enter the date received.
BIRTH CERTIFICATE PROCESSING

PART 3:
STATISTICAL INFORMATION
Part III: Statistical Information (Fields 26A-47)

Information For Medical And Health Use Only

26A. FATHER’S RACE
Enter White, Black, or other race given by parents. If a parent is a mixture of white and non-white, enter both races, such as Japanese-White. Note: Due to electronic system limitations, the first race listed will be recorded. For example, if Japanese-White is entered, the birth record will show Japanese. For American Indians enter the specific tribal name, such as Tonto-Apache, San Carlos-Apache, Navajo, etc. Persons of Asian origin should be listed according to national background, for example Japanese, Chinese, Filipino, Hawaiian, etc. Note: if a parent is of Hispanic origin, their race (26A/B) must be listed as Caucasian for statistical purposes. The parents’ race is not listed on the birth certificate.

26B. MOTHER’S RACE
Enter White, Black, or other race given by parents. If a parent is a mixture of white and non-white, enter both races, such as Japanese-White. Note: Due to electronic system limitations, the first race listed will be recorded. For example, if Japanese-White is entered, the birth record will show Japanese. For American Indians enter the specific tribal name, such as Tonto-Apache, San Carlos-Apache, Navajo, etc. Persons of Asian origin should be listed according to national background, for example Japanese, Chinese, Filipino, Hawaiian, etc. Note: if a parent is of Hispanic origin, their race (26A/B) must be listed as Caucasian for statistical purposes. The parents’ race is not listed on the birth certificate.

27A. FATHER’S HISPANIC ORIGIN (if yes, specify Mexican, Cuban, etc.)
Check either “Yes” or “No”. If the answer is “Yes”, type or write in black ink the Hispanic country of origin provided by the parents.

27B. MOTHER’S HISPANIC ORIGIN (if yes, specify Mexican, Cuban, etc.)
Check either “Yes” or “No”. If the answer is “Yes”, type or write in black ink the Hispanic country of origin provided by the parents.

28A. FATHER’S EDUCATION
Only one of the two boxes (Elementary-Secondary or College) should be completed, using the highest grade completed in a regular public or parochial school system or a recognized college or university. For Elementary-Secondary School, enter a number, 1-12. For college, enter a number, 1-4 or 5+. Only fully-completed years of college should be entered. GED’s account for 12 years. Pre-school does not apply.

28B. MOTHER’S EDUCATION
Only one of the two boxes should be completed, using the highest grade completed in a regular public or parochial school system or a recognized college or university. For Elementary-Secondary School, enter a number, 1-12. For college, enter a number, 1-4 or 5+. Only fully-completed years of college should be entered. GED’s account for 12 years. Pre-school does not apply.
Part III: Statistical Information (Fields 26A-47)
Information For Medical And Health Use Only

29A. FATHER’S USUAL OCCUPATION
Enter the type of work in which the parent is currently employed. For example, if the parent is builds furniture, enter CARPENTER. If the parent is a student, enter STUDENT. If no information is available, enter UNKNOWN.

Business or Industry: Enter the type of business or industry in which the parent is currently employed. Example: If parent is a carpenter, enter CONSTRUCTION. If parent is a student, enter HIGH SCHOOL or COLLEGE. If information is not available, enter UNKNOWN.

Name of Employer: Type or write in black ink the name of the employer.

29B. MOTHER’S USUAL OCCUPATION
Enter the type of work in which the parent is currently employed. If parent takes care of the home, enter HOMEMAKER. If parent is a student, enter STUDENT. If no information is available, enter UNKNOWN.

Business or Industry: Enter the type of business or industry in which the parent is currently employed. If parent is a homemaker, enter HOME. If parent is a student enter HIGH SCHOOL OR COLLEGE. If information is not available, enter UNKNOWN.

Name of Employer: Type or write in black ink the name of the employer.

30. MOTHER MARRIED? (At birth, conception, or anytime between)
Check either “Yes” or “No”. If “Yes”, enter the husband’s information. If mother is married but the husband is not the biological father to the child, the mother must submit a completed Waiver of Paternity Affidavit and an Acknowledgment of Paternity form along with the Certificate of Live Birth form to add the biological father. If mother refuses to give her husband’s information, check “Yes” and enter “Husband’s Information Refused” in field #6. If “No” is checked, the mother must submit an Acknowledgment of Paternity or a certified copy of an Order of Paternity with the Certificate of Live Birth form to add the father.

31. MONTH OF PREGNANCY CARE BEGAN (1ST, 2ND, 3RD month, etc.)
The month of pregnancy the physician or health care professional first examined and/or counseled her. If the mother had no prenatal care, enter “NONE”. If the mother specified the number of prenatal visits in field #32, then field #31 should show the specific pregnancy month when care began and not show “UNKNOWN”. The parent, midwife or birthing facility may need to call the physician’s office to obtain this information.
32. **PRENATAL VISITS**
The mother or medical records should provide the total number of prenatal visits. This may include visits outside of the United States. Enter the total number of visits. If there was none, enter “NONE”. If the mother specified the month when prenatal care began (#31), field #32 should show the specific number of visits.

33. **BIRTH WEIGHT AND LENGTH**
Enter the birth weight and length exactly as it is recorded in the medical records. The weight can be entered in grams or pounds and ounces. The length should be entered in inches. Fractions of an inch are acceptable.

34. **CLINICAL ESTIMATE OF GESTATION** (weeks)
Enter the estimated number of weeks the mother was pregnant with the child.

35. **APGAR SCORE (determined by professional healthcare agent)**
Enter the APGAR score exactly as it is recorded in the medical record. The score is taken one minute after birth, and 5 minutes after birth. It can range from 0 to 10. This is a method of evaluating the health of the child. Live births can have zero APGAR’s at 1 and 5 minutes if the child died prior to one minute or was resuscitated after 5 minutes. If the child was born at home without an attending healthcare agent present, enter “Unknown”.

36. **DATE OF LAST MENSES** (Month, Day, Year)
Enter the specific date when the last normal menstrual period began for the mother.

37A. **LIVE BIRTHS – Now Living Number** (do not include this child)
Enter the total number of children still living prior to the birth of this child. If none, enter 0. If this is a multiple birth, include in your count any of the set born alive immediately prior to this child.

37B. **LIVE BIRTHS – Now Dead Number** (do not include this child)
Enter the total number of births that were born alive and are now dead. If none, enter 0. If this is a multiple birth, include in your count any of the set that were born alive and have died prior to the birth of this child.

37C. **DATE OF LAST LIVE BIRTH** (Pregnancy history, Month and Year)
Enter the date of birth of the last child born, whether it is still living or now dead. Use the format month/year, e.g., Nov. 2001. If none, enter 0.

37D. **OTHER TERMINATIONS, SPONTANEOUS OR INDUCED** (Pregnancy history)
Enter the total number of stillborn or aborted fetuses. This number would also include an ectopic pregnancy (ectopic pregnancy: development of a fertilized egg elsewhere than in the uterus as in a fallopian tube or the peritoneal cavity). If none, enter 0.

37E. **DATE OF LAST OTHER TERMINATION** (Pregnancy history, Month and Year)
Enter the date of the last pregnancy termination Use the format month/year, e.g., Nov. 2001. If none, enter 0.
38. MOTHER TRANSFERRED PRIOR TO DELIVERY
If the mother was transferred from a birthing facility or hospital prior to delivery to give birth at your birthing facility or hospital, check “Yes” and list the facility name transferred from. If the mother was not transferred in this manner, check “No”. If the mother was transferred from home to hospital or birthing facility, check “No”.

39. INFANT TRANSFERRED
Check the appropriate box “Yes” or “No”. If infant was transferred from a birthing facility or hospital after delivery to another facility or hospital, check “Yes” and list the facility name it was transferred to. If the infant was transferred more than once, enter the name of the first facility to which the infant was transferred. If the infant was transferred from home to hospital check “No”.

40. NEWBORN INTENSIVE CARE
Check the appropriate box “Yes” or “No”, as to whether or not the child was placed in intensive care.

41-47. This information is utilized for health-statistic purposes only. Check all the boxes that apply to this birth. If there are no known medical conditions, check “None”. If “other” is checked, specify the medical condition on the line provided. Do not leave any blank sections.

SOCIAL SECURITY NUMBER
Each parent’s social security number on the provided area on the side of the Certificate of Live Birth form must be clearly printed or typed. If the parent does not have one, enter NONE. The child may receive a Social Security Number (enumeration at birth) by the parents checking the box and signing the field located on the side of the Certificate of Live Birth form. Please note that a Social Security Number will not be issued for a child that is not named, or if their sex is unknown. If the mother resides outside of the United States, the social security card will not be mailed to the foreign address; if the mother resides outside of the United States, but her mailing address is in the United States, direct the parent to the nearest Social Security office (www.ssa.gov) to inquire how to obtain the social security card. In these cases the mother should not check the box requesting a Social Security Card. If you have any questions about current enumeration at birth policies, contact your local Social Security Administration at 1-800-772-1213.

NEWBORN SCREENING
Check either Yes, No or Unknown for newborn screening and sickle cell anemia and enter the date according to the format month/day/year, e.g., 11/14/2006.

IMMUNIZATION
Complete each section if immunization was given. If vaccination was not administered, enter, “NONE” in the “Vaccination Name” field. The “Provider Name” must be a person, not a birthing facility or hospital.

REGISTERED BY:
This section must be fully completed to register the birth. If a problem prevents the registering of the birth, your contact information is important to facilitate resolution.