

WORKSHEET FOR CREATING YOUR CHILD'S BIRTH RECORD

1. Read Facts About Your Child's Birth Certificate (F-05103).
2. Birth information may be used for health or population analysis or for public health programs.
3. Data collected for statistical use only is indicated by an asterisk (*).

PENALTIES: Any person who willfully and knowingly supplies any false information to be used in the preparation of a birth certificate is guilty of a Class I felony [a fine of not more than \$10,000 or imprisonment of not more than three years and six months, or both, per Wis. Stat. § 69.24(1)].

For Birthing Facility Use	
Medical Record Number of Parent Giving Birth _____	
Child's Medical Record Number _____	
Child's Date of Birth _____ / _____ / _____ (MM/DD/YYYY)	
Month Day Year	

CHILD	Child's First Name	Child's Middle Name	Child's Last Name	Suffix (e.g., Jr., I, II)
<input type="checkbox"/> Check here if there is a possibility that the child may be placed for adoption.				

Full Current Name – First	Middle Name	Current Last Name	Suffix (e.g., Jr., I, II)
Full Birth Name – First	Middle Name	Birth Last Name	Suffix (e.g., Jr., I, II)
Place of Birth – Country	Place of Birth – U.S. State or U.S. Territory		Date of Birth (MM/DD/YYYY) ____ / ____ / ____

INFORMATION FOR PARENT GIVING BIRTH	*Hispanic Origin – Check all that apply		
	<input type="checkbox"/> Not Spanish/Hispanic/Latino/Latina	<input type="checkbox"/> Cuban	
	<input type="checkbox"/> Mexican, Mexican American, Chicano/Chicana	<input type="checkbox"/> Other Spanish/Hispanic/Latino (e.g. Salvadoran, Dominican, Colombian)	
	<input type="checkbox"/> Puerto Rican	(specify): _____	
	*Race – Check all that apply		
	<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native, specify tribe(s) _____
	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Chinese	<input type="checkbox"/> Filipino
	<input type="checkbox"/> Other Asian, specify _____	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean
	<input type="checkbox"/> Other Pacific Islander, specify _____	<input type="checkbox"/> Native Hawaiian	<input type="checkbox"/> Vietnamese
	<input type="checkbox"/> Other, specify _____	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Laotian
<input type="checkbox"/> Samoan			
*Height	*Pre-pregnancy weight		
Feet: _____ Inches: _____	Pounds: _____		
*Education – (enter the highest level of schooling completed at the time of delivery): Choose one option.			
<input type="checkbox"/> 8 th grade or less	<input type="checkbox"/> 9th-12 th grade, no diploma		
<input type="checkbox"/> High School Graduate or GED complete	<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, MEng, MEd, MSW, MBA)	<input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		
*Cigarette smoking before and during pregnancy For each time-period to the right, enter either the number of cigarettes or the number of packs of cigarettes smoked. IF NONE, ENTER "0".	*Average number smoked per day.	Number of Cigarettes	
	Three months before pregnancy	_____	
	First three months of pregnancy	_____	
	Second three months of pregnancy	_____	
	Last three months of pregnancy	_____	
*Does the parent giving birth currently live with someone who smokes?	*Did the parent giving birth receive food from the WIC (Women, Infants & Children) program for herself because she was pregnant with this child?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

MARITAL STATUS	Refer to the parentage presumption and artificial insemination paragraphs on page two of this worksheet for laws on reporting spouse information.		
	Is the parent giving birth married? (at the time of conception, at the time of birth, or any time between conception and birth?) <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If not married , has a voluntary paternity acknowledgment (VPA) form been completed for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Which set of labels should be used on your child's birth certificate? <input type="checkbox"/> Mother/Father <input type="checkbox"/> Parent/Parent		

PARENTAGE PRESUMPTION	<p>Parentage presumption: Pursuant to statutes, there is a rebuttable presumption that a male married to the parent giving birth at any time between conception and birth is the parent of the child. There is an exception if the requirements for legal parentage by artificial insemination are met.</p> <p>Artificial insemination: Per Wis. Stat. § 891.40(1), if the pregnancy was the result of artificial insemination performed under the supervision of a licensed physician using donated semen, and if the spouse of the parent giving birth consents to the insemination in writing, then the spouse of the parent giving birth will be the legal parent of the child so conceived. This consent must be signed by both spouses. The signatures and the date of the insemination must be certified by the physician. The physician shall file the consent with the Department.</p> <p><input type="checkbox"/> *Check here if the child was conceived via artificial insemination using donated semen.</p> <p><input type="checkbox"/> *Check here to acknowledge that written, signed consent was provided to the physician supervising the insemination.</p>			
SOCIAL SECURITY	*Social Security Number of parent giving birth _____ - _____ - _____		*Do you want a Social Security Number issued for your child? <input type="checkbox"/> Yes (sign the request below) <input type="checkbox"/> No	
<p>I request that the Social Security Administration assign a Social Security Number (SSN) to the child named on this form and authorize the State to provide the Social Security Administration with the information from this form which is needed to assign a number. I attest that the information I have provided on this form is correct to the best of my knowledge and belief. Only the parent giving birth, or their spouse may authorize a request for SSN. By the entry below of my typed name or signature between two forward slashes "/ /", I indicate that I am the person named and that I adopt this entry as my legal signature on this document.</p> <p style="text-align:center;">Parent Signature: / _____ / Date Signed: _____</p>				
ADDRESS INFORMATION	Residence location within city, village, or town where you pay taxes and vote (this may differ from your mailing address):			
Country (if U.S., leave blank)		State (or U.S. territory or Canadian province)		
County	City, Village, or Town		<input type="checkbox"/> City	<input type="checkbox"/> Village <input type="checkbox"/> Town
Complete Number and Street		Apt Number	Zip Code	
Mailing address (this may differ from your residence address above):				
In Care Of (if applicable):				
Address			Apt Number	
City	State (or U.S. territory)		Zip Code	
*Telephone Number of parent giving birth			*Type of Telephone	
			<input type="checkbox"/> No Phone <input type="checkbox"/> Cell <input type="checkbox"/> Residence <input type="checkbox"/> Work	
SPOUSE INFORMATION	<p>Full Current Name – First Middle Name Current Last Name Suffix (e.g., Jr., I, II)</p> <p>Full Birth Name – First Middle Name Birth Last Name Suffix (e.g., Jr., I, II)</p> <p>Place of Birth – Country Place of Birth – U.S. State or U.S. Territory Date of Birth (MM/DD/YYYY)</p> <p style="text-align:right;">____ / ____ / ____</p> <p>*Hispanic Origin – Check all that apply</p> <p><input type="checkbox"/> Not Spanish/Hispanic/Latino/Latina <input type="checkbox"/> Cuban</p> <p><input type="checkbox"/> Mexican, Mexican American, Chicano/Chicana <input type="checkbox"/> Other Spanish/Hispanic/Latino/Latina (e.g. Salvadoran, Dominican, Colombian)</p> <p><input type="checkbox"/> Puerto Rican (specify): _____</p> <p>*Race – Check all that apply</p> <p><input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native, specify tribe(s) _____</p> <p><input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Laotian <input type="checkbox"/> Hmong</p> <p><input type="checkbox"/> Other Asian, specify _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander, specify _____ <input type="checkbox"/> Other, specify _____</p> <p>*Education – (enter the highest level of schooling completed at the time of delivery): Choose one option.</p> <p><input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, no diploma</p> <p><input type="checkbox"/> High School Graduate or GED complete <input type="checkbox"/> Some college credit, but no degree</p> <p><input type="checkbox"/> Associate degree (e.g., AA,AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)</p> <p><input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)</p> <p>*Spouse's Social Security Number</p> <p>_____ - _____ - _____</p>			