

Birth Certificate Information

THE IMPORTANCE OF BIRTH REGISTRATION

Throughout life, a person uses his or her birth certificate to prove age, parentage and citizenship. This permanent legal document is needed for many occasions, including school registration, voter registration, driver's license certification, passports, welfare aid, social security benefits and veterans' benefits.

The birth registration is used not only for legal purposes, but also for annual vital statistics. These statistics are compiled on the number and rate of births by characteristics such as place of birth, place of residence of mother, age of mother, plurality and birth weight. Population composition and growth are estimated using this data. Educational systems and institutions, government agencies and private industry find this information essential in planning and evaluating programs in public health and other important areas.

We have addressed some of the common questions new parents and caregivers have about birth registration.

If you have any additional questions, please contact:

Slidell Memorial Hospital Birth Certificate Clerk
(985) 280-2200, Ext. 1707

Monday – Friday, 8 am – 4:30 pm

Evenings, 5 - 6:30 pm

Saturdays, 8 am - Noon

Please email completed form to:
BirthCertificate@SlidellMemorial.org



Q: How long will I have to wait until I receive a copy of the birth certificate? Is there a cost to me?

A: You will be mailed a free certified copy of the birth certificate from the Vital Records Department in about four to six weeks. Extra copies cost \$15. A form to order extra copies will be given to you when the birth certificate is completed, or you can obtain a form by contacting the Vital Records Department.

Q: What can I use as a proof of my child's birth until I receive a copy of the birth certificate?

A: A letter of verification will be given to you by the Slidell Memorial Hospital Birth Certificate Clerk after the birth certificate is completed.

Q: How do I apply for a social security number for my baby?

A: There is a space on the birth certificate for the parent to sign if you wish to apply for a Social Security number. There is no cost to you. The social security administration will send you the Social Security card in four to six weeks.

Q: If I am divorced, or legally separated, may I put the father's name on the birth certificate?

A: Because there are new laws covering cases such as these, contact the Slidell Memorial Hospital Birth Certificate Clerk for the information needed to complete the birth certificate in compliance with these laws.

Q: What happens if I do not complete or sign the birth certificate before I leave the hospital?

A: You will be sent a certified letter by Slidell Memorial Hospital Birth Certificate Clerk within three days of your discharge. If we do not hear from you by the date specified in the letter, then the birth certificate will be sent to Vital Records as incomplete. Vital Records will not release copies of incomplete birth certificates. For more information contact Vital Records, (504) 593-5100.

Acknowledgment of Paternity - Child Born of Marriage

If the mother of a child born in Louisiana is married or was married within 300 days of the birth of her child, Louisiana law requires that the husband (or ex-husband) be named as the father of the child on the birth certificate.

If the biological father of the child is someone other than the husband/ex-husband of the mother, all three parties (mother, husband/ex-husband, and biological father of the child) may agree to execute an Acknowledgement of Paternity affidavit.

This affidavit must accompany a certified report of blood or tissue sampling which indicates by a 99.9% threshold probability that the biological father is the father of the child.

If this report is available at the time of the child's birth or within 14 days after the birth, the birthing hospital where the child was born will provide you with the affidavit to register the birth with the biological father listed as the father of the child without charge.

If you are unable to provide the hospital with this report within 14 days of the child's birth, the record will be registered with the husband/ex-husband listed as the father. However, you may file the affidavit with Louisiana's Bureau of Vital Records and Statistics at any point until the child's 10th birthday. You must include the following:

- Notarized Affidavit of Paternity, completed by mother, husband/ex-husband, and biological father.
- Certified report confirming biological paternity with at least 99.9% probability from an independent lab.
- Filing fee of eighteen (\$18.00) dollars, plus the state charge of \$.50 per mail transaction.
- Certified copy of the child's birth certificate, OR additional \$15 search fee if you cannot provide a copy.
- Photocopy of current photo ID from at least one parent.

The fee does not include the cost of a certified copy of the record after the amendment is filed. Please include an additional fee of \$9.00 for each copy of the amended certificate requested at the time of the amendment. Certified copies purchased at a later date will be fifteen dollars each plus the state charge of \$.50 for each mail transaction.

Mail to:

Louisiana Vital Records Registry
Attn: Amendments
P.O. Box 60630
New Orleans, LA 70160
(504) 593-5100

LSA – R.S. 40:41 provides for a fine of up to ten thousand dollars or imprisonment for up to five years or both for any person convicted of willfully and knowingly providing false information or making a false statement in a Louisiana birth certificate or form presented in support of a birth certificate.

Mother's Name _____

Mother's Worksheet for Child's Birth Certificate

The information you provide below will be used to create your child's birth certificate. The birth certificate is a document that will be used for legal purposes to prove your child's age, citizenship and parentage. This document will be used by your child throughout his/her life. State laws provide protection against the unauthorized release of identifying information from the birth certificate to ensure the confidentiality of the parents and their child.

It is very important that you provide complete and accurate information to all of the questions. In addition to information used for legal purposes, other information from the birth certificate is used by health and medical researchers to study and improve the health of mothers and newborn infants. Items such as parent's education, race, and smoking will be used for studies but will not appear on copies of the birth certificate issued to you or your child.

PLEASE PRINT CLEARLY

1. What will be your baby's legal name (as it should appear on the birth certificate)?

Last First Middle Suffix (Jr., III, etc.)

Name not yet chosen

2. What is your current legal name?

Last First Middle Suffix (Jr., III, etc.)

3. What name did you use prior to your first marriage?

Last First Middle Suffix (Jr., III, etc.)

4. What is your date of birth? (Example: 3 - 4 - 1984)

Month Day Year

Mother's Name _____

**5. In what state, U.S. territory, or foreign country were you born?
Please specify one of the following:**

City and State
or

U.S. territory, i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas
or

Foreign country

6. Where do you usually live — that is — where is your household/residence located?

Complete number and address (Do not enter rural route numbers) Apartment number

City, Town, Location Parish/County State (or U.S. Territory, Canadian Province)

Zip Code If not United States, Country

7. Is this household inside city limits (inside the incorporated limits of the city, town, or location where you live)?

- Yes
- No
- Don't know

8. What is your mailing address?

- Same as residence [Please go to next question]

Complete number and address (Do not enter rural route numbers) Apartment number

City, Town, Location Parish/County State (or US Territory, Canadian Province)

Zip Code If not United States, Country

Mother's Name _____

**9. What is the highest level of schooling that you will have completed at the time of delivery?
(Check the box that best describes your education. If you are currently enrolled, check the box that indicates the previous grade or highest degree received).**

- 8th grade or less
- 9th - 12th grade, no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

**10. Are you Spanish/Hispanic/Latina? If not Spanish/Hispanic/Latina, check the "No" box.
If Spanish/Hispanic/Latina, check the appropriate box.**

- No, not Spanish/Hispanic/Latina
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Dominican, Columbian)
(specify) _____

11. What is your race? (Please check one or more races to indicate what you consider yourself to be).

- White
- Black or African American
- American Indian or Alaska Native (name of enrolled or principal tribe)

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (specify) _____
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (specify) _____
- Other (specify) _____

Mother's Name _____

12. Have you ever been married?

- Yes [Please go to question 13]
- No [Please see below]

If not married, has a paternity acknowledgment been completed for this child? (That is, have you and the father signed a form [insert name of State paternity acknowledgment form] in which the father accepted legal responsibility for the child?) If you are not married, and a paternity acknowledgment has not been completed, information about the father cannot be included on the birth certificate. Information about the procedures for adding the father's information to the birth certificate after it has been filed can be obtained from the State Vital Statistics Office.

- Yes, a paternity acknowledgment has been completed [Please go to Question 14]
- No, a paternity acknowledgment has not been completed [Please go to Question 20]

13. Were you married at the time you conceived this child, at the time of birth, or at any time between conception and giving birth?

- Yes [Please go to question 14]
- No [Please see below]

If no, has a paternity acknowledgment been completed? (That is, have you and the father signed a form [insert name of State paternity acknowledgment form] in which the father accepted legal responsibility for the child?) If you were not married, or if a paternity acknowledgment has not been completed, information about the father cannot be included on the birth certificate. Information about the procedures for adding the father's information to the Birth Certificate after it has been filed can be obtained from the State Vital Statistics Office.

- Yes, a paternity acknowledgment has been completed [Please go to Question 14]
- No, a paternity acknowledgment has not been completed [Please go to Question 20]

14. What is the current name of your baby's father?

Last	First	Middle	Suffix (Jr., III, etc.)

15. What is the father's date of birth? (Example: 3 - 4 - 1984)

			<input type="checkbox"/> Don't know
Month	Day	Year	

**16. In what state, U.S. territory, or foreign country was the father born?
Please specify one of the following:**

City and State
or

U.S. territory, i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas
or

Foreign country

Mother's Name _____

**17. What is the highest level of schooling that the father will have completed at the time of delivery?
(Check the box that best describes his education. If he is currently enrolled, check the box that indicates the previous grade or highest degree received).**

- 8th grade or less
- 9th - 12th grade, no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, MEng, MEd, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

**18. Is the father Spanish/Hispanic/Latino? If not Spanish/Hispanic/Latino, check the "No" box.
If Spanish/Hispanic/Latino, check the appropriate box.**

- No, not Spanish/Hispanic/Latina
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Dominican, Columbian)
(specify) _____

19. What is the father's race? Please check one or more races to indicate what he considers himself to be.

- White
- Black or African American
- American Indian or Alaska Native (name of enrolled or principal tribe)

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (specify) _____
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (specify) _____
- Other (specify) _____

Mother's Name _____

20. Furnishing parent(s) Social Security Number(s) (SSNs) is required by Federal Law, 42 USC 405(c) (section 205(c) of the Social Security Act). The number(s) will be made available to the (State Social Services Agency) to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.

20a. What is your Social Security Number?

Grid for Social Security Number with shaded boxes for dashes.

20b. What is the father's Social Security Number? If you are not married, and if a paternity acknowledgment has not been completed, leave this item blank.

Grid for father's Social Security Number with shaded boxes for dashes.

21a. Do you want a Social Security Number issued for your baby?

- Yes [Please sign request below]
No [Please go to Question 22a]

21b. I request that the Social Security Administration assign a Social Security number 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. (Either parent, or the legal guardian, may sign.)

Signature of infant's mother or father

Date _____

22a. Do you want to enroll your child in an Immunization Reminder System?

- Yes [Please sign request below]
No [Please go to Question 23]

22b. I request that the child named on this form be enrolled in an Immunization Reminder System. (Either parent, or legal guardian, may sign.)

Signature of infant's mother or father

Date _____

Mother's Name _____

23. What is your height?

feet inches

24. What was your pre-pregnancy weight, that is, your weight immediately before you became pregnant with this child?

lbs

25. Did you receive WIC (Women, Infants & Children) food for yourself because you were pregnant with this child?

- No
Yes
Don't know

26. How many cigarettes OR packs of cigarettes did you smoke on an average day during each of the following time periods? If you NEVER smoked, enter zero for each time period.

Table with columns for time periods, # of cigarettes, and # of packs.

27. Did you consume alcohol during this pregnancy?

- Yes
No

If you are the Mother, please STOP here.
If other than the mother please answer the following questions:

28a. If other than the mother, what is the name of the person providing information for this worksheet?

Last First Middle Suffix (Jr., III, etc.)

28b. What is your relationship to the baby's mother?

- Father of baby
Other relative
Hospital employee
Other, please specify _____