

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



Common questions about birth registration



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 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

SECTION I. CHILD'S INFORMATION

Name of Child (<u>Last, First, Middle</u>)	Suffix	Date of Birth	Gender
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Are you breastfeeding? _____

SECTION II. MOTHER'S INFORMATION

Current Legal Name (<u>Last, First, Middle</u>)		Full Name prior to FIRST marriage (<u>Last, First, Middle</u>)				
Date of Birth	Social Security Number - -		Place of Birth (City, State, & Country)			
Mailing Address		City, State, Zip Code		Parish/County	Apt. #	Telephone Number ()
Marital Status	Highest Education (ex. 11 th grade, diploma, GED, AA, BS, MS, MD, etc.)	Of Hispanic Origin (Yes or No)	If yes, what nationality?	Race	Mother's height	
Is mother now or has EVER been married? (Yes or No)	If divorced or widowed, specify date.	# of previous live births _____ Date of last live birth _____		Did mother smoke or drink while pregnant? If yes, # of cigarettes per day ____ #of drinks per day ____		
Did mother receive WIC while pregnant? (Yes or No)	Approx. date of last menstrual period?	# of terminations or miscarriages _____ Date of last term/misc _____				

SECTION III. FATHER'S INFORMATION

Current Legal Name (<u>Last, First, Middle</u>)	Suffix
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Date of Birth	Social Security Number - -		Place of Birth (City, State, & Country)	
Highest Education (ex. 11 th grade, diploma, GED, AA, BS, MS, MD, etc.)	Of Hispanic Origin (Yes or No)	If yes, what nationality?	Race	Telephone Number ()

SECTION IV. (NEEDED IF MOTHER AND FATHER ARE NOT MARRIED)

Mother's Employer – Name & Address (<u>include city, state and zip code</u>)				Occupation	
Does Mother Have Health Insurance (Yes or No)	If Yes, Name of Insurance Company & Policy Number			State Medicaid (Yes or No)	
Father's Address (if different from Mother's)	City, State, Zip Code	Parish/County	Apt. #	Is Father under age 18? (Yes or No)	
Father's Employer – Name & Address (<u>include city, state and zip code</u>)				Occupation	
Does Father Have Health Insurance (Yes or No)	If Yes, Name of Insurance Company & Policy Number				

Signature: _____ Date: _____

Relationship to Child: _____

Email completed form to BirthCertificate@SlidellMemorial.org.