



# SWEDISH Washington State Birth Parent Information Form

## Section 1 Child's Information (Complete worksheet and turn in prior to discharge)

*Child's Name		Sex	
First		<input type="checkbox"/> M	<input type="checkbox"/> F
Middle	Date of Birth (MM/DD/YYYY)	Time of Birth	AM PM
LAST	Suffix (Sr., Jr., II, III, etc.)		

Do you want Swedish to apply for your child's Social Security Number? <input type="checkbox"/> Yes <input type="checkbox"/> No	Planned Birth Place, if different than hospital Specify:
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**DO YOU WANT TO REQUEST A LETTER OF VERIFICATION FOR YOUR CHILD?  YES  NO (LETTER IS REQUIRED IF YOU ARE ON DSHS, MEDICAID, HEALTHY OPTIONS OR IF YOU CHECK NO FOR SS#. Letter will be mailed.)**

Did you receive WIC food during this pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	How many living children do you have? (Do not include this baby) <input type="checkbox"/> _____ <input type="checkbox"/> None	How many children are now deceased? <input type="checkbox"/> None <input type="checkbox"/> _____
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List the number of miscarriages, abortions, stillbirths or ectopic pregnancies you have had: <input type="checkbox"/> Miscarriages _____ <input type="checkbox"/> Abortions _____ <input type="checkbox"/> Stillbirth _____ <input type="checkbox"/> Ectopic pregnancy _____	What is the date of your last live birth? ____ / ____	What is the date of your last miscarriage, abortion, stillbirth or ectopic pregnancy? ____ / ____
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## Section 2 Mother's Information

Mother's Name Before First Marriage	*Date of Birth (MM/DD/YYYY)
First	
Middle	*Birthplace (State, Territory, or Foreign Country)
LAST	Mother's Social Security Number

Mother's Current Legal Last Name, if different from above

Is Mother Married to the Father? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If NO:</b> Was Mother Married to anyone during this pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Has the Paternity affidavit been signed? <input type="checkbox"/> Yes <input type="checkbox"/> No

Residence: Number and Street (e.g., 624 SE 5th St.)	Apt No.	City or Town
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County	If you live on Tribal Reservation, give name	State or Foreign Country	Zip Code + 4	Inside City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk
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Telephone Number ( )	How Long at Current Residence
	Years: Months:

Mother's Mailing Address, if different:	Number & Street:	State:	Apt. No.:	Zip Code:
City or Town:				

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 (Specify): _____ <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, MEng, MEd, 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 or check the "No" box if mother is not Spanish/Hispanic/Latina.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <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"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____
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Occupation (Indicate type of work done during last year)	Kind of Business/Industry (Do not use Company Name)
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## Section 3 Father's Information

*Father's Current Legal Name	*Date of Birth (MM/DD/YYYY)
First	
Middle	*Birthplace (State, Territory, or Foreign Country)
LAST	Father's Social Security Number
Suffix (Sr., Jr., II, III, etc.)	

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 (Specify): _____ <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, MEng, MEd, 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/Latina or check the "No" box if father is not Spanish/Hispanic/Latina.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <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): _____	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"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____
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Occupation (Indicate type of work done during last year)	Kind of Business/Industry (Do not use Company Name)
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# SWEDISH

747 Broadway Seattle, WA 98122-4307  
(206) 386-6000

## BIRTH CERTIFICATE INFORMATION

(Please read **before** completing Birth Certificate Worksheet)

### Frequently Asked Questions

You will need to complete the Birth Certificate Worksheet Form to obtain a birth certificate for your child. Please read it carefully, complete the Mother and Father information, and bring it with you when you come to the hospital. The information for your child will be completed after your delivery. If you have any questions about the birth certificate, social security number or paternity affidavit, please call the Swedish Birth Records Office at 206-386-6640.

### Why do I need to fill this out?

It is important that the information you provide be complete and accurate. The birth certificate is a LEGAL document needed for obtaining identification, applying for passports, verifying age and citizenship, enrolling in school, applying for a social-security number and for public assistance.

### Do I have to provide all the information on the worksheet?

Yes. Leaving blank spaces on the worksheet could result in an inaccurate birth certificate. The birth certificate worksheet asks for a lot of information. Some of this information is needed to identify the record, so that a copy of the birth certificate can be issued, for example, when your child enters school or needs a passport. The rest of the information (some of which you may consider quite personal) is combined with everyone else's information. This data is studied to help identify things that may endanger you or your baby's health. It is also used to make sure that everyone gets the proper prenatal care. You may think that you do not have to provide some of this information; however, all of the items on the worksheet are considered part of the birth certificate as defined by state law and the law requires that all the information be supplied if it can be obtained. Your personal information is confidential, which means that it is not given out with your name and address attached. Also, none of this information appears on any copy of the birth certificate. Confidentiality of birth data is guaranteed by state law, and the law spells out how data and records may and may not be released. The information you provide is very important for improving health of mothers and babies. Thank you for your cooperation.

### How should I fill in the mother's name section?

The birth certificate will show mother's name before her first marriage. DO NOT use your maiden name as your middle name; use your full name given to you at birth (birth name).

### What if I'm an unmarried parent?

If you are not married and wish the father's information to print on the birth certificate, you will need to complete a Paternity Affidavit. The Paternity Affidavit will be provided to you upon request. If you choose not to complete the Affidavit, the father's information will print on the birth certificate as None Named. Read the instructions prior to completing the document. In order to avoid a \$15 charge, you must complete the Paternity Affidavit within 10 days of your delivery date.

### How do I get a Social-Security (SS) number for my child?

If you check "yes" on the Birth Certificate Worksheet, you will receive the SS card in the mail in approximately four to six weeks from date of birth. If you wish to obtain the SS number yourself, please check "no" on the Birth Certificate Worksheet and check "yes" that you need a Letter of Verification. You will need to take the Letter of Verification and the Certified Birth Certificate to your local Social Security office in order to apply. If you do not receive the SS Card in six weeks, please follow up directly with your local Social Security office.

### How do I get a certified birth certificate?

The hospital CANNOT provide you with a birth certificate. You can request one from the Seattle-King County Department of Health Vital Statistics by completing the order form. Complete and mail to the address on that form along with the required fee. If you did not receive the order form, call 206-296-4768 to request one.

### When do I need a verification of birth and social-security number status letter?

You will need this letter if you are on DSHS, Medicaid or Healthy Options. You will also need this letter if you have marked "no" for social-security number issuance. The letter will be mailed to your home within seven days of birth.

### Is the footprint sheet proof of birth?

No. You will receive a footprint sheet from the nursing staff as a memento only. The footprint sheet will have your baby's feet stamped on the upper portion and the bottom portion purposely left blank. This is for you to complete at home. It's not required that the provider or nursing staff sign this sheet. However, if asked, they would be happy to do so for you.