

HB 15-1282

CONCERNING THE CREATION OF CRIMES INVOLVING DECEPTION OF MATERIAL INFORMATION IN CONNECTION WITH THE PREPARATION OF BIRTH CERTIFICATES

The primary purpose for HB 15-1282, as it was originally introduced, was:

Children are harmed when a birth certificate that is issued after a child is born is incomplete, contains false information, or contains the wrong name or a fictitious name of a biological parent.

The originally introduced Bill elaborated on the reason for the primary purpose of the bill where it stated:

When the correct name of a biological parent is not on the original birth certificate, the child is less likely to have paternity legally established and less likely to have the chance to develop a parent-child relationship with that biological parent.

The primary purpose of HB 1282 was entirely removed from the bill when it was subsequently amended after the House Judiciary Committee hearing. The amended Bill as it stands now; it has no legislative declaration statement for the purpose of this Bill.

The summary of the amended bill was changed, by adding:

Birth parent also includes a presumed father or putative father in accordance with the presumptions for

determination of paternity as set forth in section 25-2-112(3) or a putative father who is not married to the mother who voluntary acknowledgement of paternity.

The above clause added to the amended Bill, completely changed the original primary purpose of the Bill, and it will cause the child not "to have the chance to develop a parent-child relationship with that (paternal) biological parent".

I testified before the House Judiciary Committee, at length on HB 1282, regarding the vital importance of any child to have information about his or her biological father and the importance "to have the chance to develop a parent-child relationship with that (paternal) biological parent". I was adopted. I know that 50% of my genetic characteristics, including medical, came from my biological father. After finding my father, I also realized the importance of having a chance to have a relationship with him.

Colorado Revised Statute 25-2-112(3) is mentioned in the amended version of the Bill. C.R.S. 25-2-112(3) encourages false and incomplete information to be included on the birth certificate. Colorado Revised Statute 25-2-112(3) further allows the birth mother to deceive, by omission, material information from the birth certificate.

The name of an unmarried father cannot be provided on the birth certificate, under C.R.S. 25-2-112(3), even if the mother knows the identity of the birth father. Such deception is contrary to the title of the Bill. The original introduced version of the bill stated:

The general assembly further finds that when a birth certificate is inaccurate, altered, or contains a fictitious or false name or is missing the name of a biological parent, there is a greater likelihood that the child may be harmed and exploited as a result of human trafficking. (emphasis added).

The "Data Worksheet For New Birth Certificate", Form-VR09, encourages that the name of the biological father not be included on the birth certificate where it provides a check box allowing for the name of the father to be removed from the birth certificate. This is deception by omission.

The unmarried birth father has to sign the "Voluntary Acknowledgment of Paternity Form" under the penalty of C.R.S. 18-5-114, which is a first degree, class 5 felony, in order to be listed on the child's birth certificate. The birth mother should likewise have to sign the birth certificate under penalty of C.R.S. 18-5-114, for offering a false instrument for recording, the same as the birth father. Where the birth father faces the charge of a class 5 felony, in the first degree, and where the birth mother faces class 2 misdemeanor for the same charge; the bill is gender discrimination.

The hospital and a registered midwife are also not listed as persons in HB 15-1282.

Other questions regarding HB 1282: what is the statute of limitation? Is the statute of limitations tolled until the discovery of the deception? Is the filing a

complaint for deception on a birth certificate a private right of action or is it a criminal action to be filed with the Colorado State Attorney General?

House Bill 15-1282 is a step in the right direction in order to eliminate child trafficking. This bill deserves a serious in-depth study on how it affects the rights of the birth person before it is enacted.

STATE OF COLORADO VOLUNTARY ACKNOWLEDGMENT OF PATERNITY

State File Number: _____

AOP #: _____

This is a legal document which will be used to add the father's information to the child's certificate of birth. The information must be printed clearly and in black ink. Crossouts and/or white out are not acceptable. Please read the reverse of this document for the legal advisement and further information.

INSTRUCTIONS

1. If the mother was **not** married at the time of conception or birth or anytime in between, the mother and natural father must complete Sections A, B, and C.
2. If the mother was **married** at the time of conception or birth or anytime in between, and the husband is not the natural father, the mother and natural father must complete Sections A, B, and C and the mother and husband or ex-husband must complete Section D.
3. If the mother was **married** at the time of conception or birth or anytime in between, and is refusing to list a father, the mother must complete Sections A & B. In Section D, write "refused" across the (ex) husband's area.

CHILD

Section A	First Name(s) at birth		Middle Name(s)		Last Name(s) (Name on Birth Certificate)		Title(Jr., III, etc.)
	Gender	Date of Birth: mm/dd/yyyy	Facility of Birth		City of birth	County of birth	State of birth CO
	We agree the child's name shall now be shown on the birth certificate as ▶		First Name(s)		Middle Name(s)		Last Name(s)

MOTHER

▼ *Mother's full name before 1st marriage (maiden)*

Section B	First Name(s)		Middle Name(s)		Last Name(s) prior to first marriage (Maiden)		
	Street Address			City	County	State	Zip Code
	Date of Birth mm/dd/yyyy	State or Nation of Birth		Daytime Telephone Number		Social Security Number	
	I have been provided with written and oral advisements of my rights and responsibilities. I freely sign this Acknowledgment of Paternity. I understand this Acknowledgment of Paternity will be a legal finding of paternity in 60 days or when a legal action concerning the child and me is filed, whichever comes first.						
Signature of Mother: X				Date:			
WITNESS							
Signature of Witness: X			Name of Witness (please print):		Date:		

FATHER

Section C	First Name(s)		Middle Name(s)		Last Name(s)		Title(Jr., III, etc.)
	Street Address			City	County	State	Zip Code
	Date of Birth mm/dd/yyyy	State or Nation of Birth		Daytime Telephone Number		Social Security Number	
	Education (highest grade)	Race		Hispanic Origin? (if yes, specify)			
I acknowledge that I am the natural father of the child identified above. I request that my name be entered on the birth certificate as father of this child.							
I have been provided with written and oral advisements of my rights and responsibilities. I freely sign this Acknowledgment of Paternity. I understand this Acknowledgment of Paternity will be a legal finding of paternity in 60 days or when a legal action concerning the child and me is filed, whichever comes first.							
Signature of Father: X				Date:			
WITNESS							
Signature of Witness: X			Name of Witness (please print):		Date:		

HUSBAND OR EX-HUSBAND

Section D	I acknowledge that I was married to the mother identified above at the time of conception or birth or anytime in between of the child identified above, and I am NOT the natural father of this child.					
	Signature of Husband or Ex-husband: X			Print Name:		Date:
	WITNESS					
	Signature of Witness: X		Name of Witness (please print):		Date:	
MOTHER						
I acknowledge that I was married to the man named above at the time of conception or birth or anytime in between of the child named above; however, he is NOT the natural father of this child.						
Signature of Mother: X			Date:			
WITNESS						
Signature of Witness: X		Name of Witness (please print):		Date:		

Advisement to Unmarried Parents

If the mother and father of the child are not married it is important for the parents to acknowledge paternity of the child. The following is information about acknowledging paternity and the rights and responsibilities that are connected to acknowledging paternity.

When the Acknowledgment of Paternity is signed, the mother and father are agreeing that they are aware of the following:

- The mother and father have signed the Acknowledgment of Paternity of their own free will.
- The mother and father understand that acknowledging paternity means they are saying they are the mother and the father of the named child for all purposes.
- The Acknowledgment of Paternity establishes a legal parent/child relationship.
- The Acknowledgment of Paternity may be used in any legal actions about the child.
- The mother and father know they may have to pay financial and medical support for the child.
- After signing the Acknowledgment of Paternity, the father's name will be put on the child's birth certificate.
- The Acknowledgment of Paternity does not give either the mother or the father custody or visitation rights. They will have to go to court for these and other rights or responsibilities to be decided.
- The mother and/or the father may choose not to acknowledge paternity.
- The mother and/or the father have the right to talk to an attorney, have an attorney represent them, have genetic tests done, ask the court to decide on paternity and/or acknowledge paternity later. The mother and/or the father have the right to know about any court hearing on paternity and may take witnesses to court and cross examine witnesses.
- The mother and/or the father may change their mind about acknowledging paternity after signing this form. Under Colorado law, the Acknowledgment of Paternity will be a legal finding of paternity within sixty days after the mother and father sign it. If either the mother or the father changes their mind, they must contact their county Child Support Enforcement office or a private attorney or the court within 60 days after signing it or before any legal action is taken with the child and the parent(s), whichever is first. Genetic tests for paternity may be done and the mother or the father may have to pay for the genetic tests.
- The rights and responsibilities connected to acknowledging paternity are recorded and may be heard on the telephone numbers below:

Telephone Number for Calls Within the Denver-Metro Area: 303 894-2088
Toll-free Telephone Number for Calls Outside of the Denver-Metro Area: 1-888-839-3494
Available 24 hours per day, 7 days per week

- There is no charge to you for processing this form if it is completed at the hospital with the original Certificate of Live Birth. Leave this form with the hospital staff or midwife who will submit it to the Colorado Vital Records Section for you.
- If this form is completed after the deadline for completing the Certificate of Live Birth, take or mail this form for approval to the Colorado Modification Section at the address below. There is a \$20.00 charge to add the father's name to the birth certificate. If you want a copy of the birth certificate with the father's name added, the fees are \$17.75 for the first copy and \$10.00 for each additional copy of the same record ordered at the same time. **Return this witnessed form along with the fee, a copy of the requesting parent's acceptable form of ID and a long self-addressed stamped envelope to the address listed below.**

Advisement to Hospital

Colorado Statute § 25-2-112 Section 9.2 states that if the mother was not married at the time of conception or birth the name of the father shall be entered if the mother and the person to be named as the father so request in writing on a form prescribed and furnished by the State Registrar - Acknowledgment of Paternity.

This is a legal document which will be used to add the father's information to the child's birth certificate. The information must be printed clearly and in black ink. Crossouts and/or white out are not acceptable.

Mother Refusing to List Husband

If the mother was married at the time of conception or birth, or any time in between, and is refusing to list a father, the mother must complete Section A & B. In Section D, write "refused" across the (ex) husband's area. If mother is not present to sign, the registrar may sign Section D.

Please return this witnessed form to the Colorado Vital Records at the address listed below:

COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT
Modification Unit - Paternity - HSVR-VR-A1
4300 Cherry Creek Dr South
Denver, CO 80246-1530
303 692-2230

Section for the witness is mandatory.

**PLEASE BE ADVISED THAT THERE ARE PENALTIES INCLUDING THOSE PURSUANT TO
C.R.S. 18-5-114
FOR FALSELY WITNESSING THIS DOCUMENT**



DATA WORKSHEET FOR NEW BIRTH CERTIFICATE
(Adoptions and Paternities only)

WEBSITE
www.colorado.gov/cdphe

Please Note: If this is a stepparent adoption, the information concerning the biological parent(s) must be furnished

1. INFORMATION AS IT CURRENTLY APPEARS ON THE BIRTH CERTIFICATE

REGISTRANT'S NAME ▶	First	Middle	Last(s)	Suffix/Title
GENDER (Sex) ▶	<input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH ▶	(mm/dd/yyyy)	PLACE OF BIRTH ▶
MOTHER'S NAME ▶	First	Middle	Maiden Last Name (name prior to first marriage)	
FATHER'S NAME ▶	First	Middle	Last(s)	Suffix/Title <input type="checkbox"/> <input checked="" type="checkbox"/> Check this box to remove this father from the birth certificate

2. INFORMATION NEEDED TO PREPARE THE NEW BIRTH CERTIFICATE

REGISTRANT'S NEW NAME ▶	First	Middle	Last(s)	Suffix/Title
MOTHER'S INFORMATION ▶	First Name	Middle Name	Maiden Last Name (name prior to first marriage)	
DATE OF BIRTH ▶	(mm/dd/yyyy)	PLACE OF BIRTH ▶	(state or country)	Please check parents role if other than mother ▶ <input type="checkbox"/> Father <input type="checkbox"/> Coparent
FATHER'S INFORMATION ▶	First Name	Middle Name	Last Name(s)	Suffix/Title
DATE OF BIRTH ▶	(mm/dd/yyyy)	PLACE OF BIRTH ▶	(state or country)	Please check parents role if other than father ▶ <input type="checkbox"/> Mother <input type="checkbox"/> Coparent

3. ADOPTIONS (documentation below needed along with this form)

Please note: Court order must be certified and will not be returned

Adoption Decree Or Findings of Birth Facts Along with Adoption Decree (Foreign born only)	Type of Adoption (Check only one ✓) ▶	<input type="checkbox"/> Single-parent adoption <input type="checkbox"/> Stepparent adoption <input type="checkbox"/> Second parent adoption
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4. PATERNITIES (add/remove father) (documentation below needed along with this form)

Please note: Court order must be certified and will not be returned

Acknowledgement of Paternity signed by natural parents (Registrant 18 or over) Or Paternity Determination (Court ordered, but not Report of Paternity Determination)	(Registrant is under 18, you can only change last name to that of the father, must be signed by both parents) (Registrant is over 18, cannot change last name without a court ordered legal change of name order)
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5. SERVICES AND FEES

(FEES ARE NON-REFUNDABLE)

	Quantity	Fees	=	Total
Processing Fee - (fee does not include birth certificate)		20.00	=	\$
1 st certified copy of the birth certificate - (if applicable, see exchange policy)	x	17.75	=	\$
*Additional copies of the same certificate ordered at the same time or exchanges	x	10.00	=	\$
Heirloom certificate <i>To see image visit our website</i>	x	35.00	=	\$
Expedite fee - (processed within 15 days upon receipt of your request)		20.00	=	\$
**Credit card convenience charge (Walk-ins and Expedited orders excluded)		10.00	=	\$
PROCESSING TIME ▶ Allow 30 days upon receipt of your request (if applicable, see Expedite fee)	Total Number of Birth Certificates:		Grand Total:	\$

6. METHOD OF PAYMENT

We accept Checks (no temporary) and/or Money Orders (payable to Vital Records), and Credit Cards. Not responsible for cash sent through the mail

7. CREDIT CARD ORDERS

(check box✓) <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover ***\$10.00 convenience fee will apply				
Cardholder name	Cardholder Signature	Credit Card Number	Expiration Date	Total Charges (\$)

8. REQUESTOR INFORMATION AND RETURN MAILING ADDRESS

The penalties for obtaining a record under false pretenses include a fine of not more than \$1,000 or imprisonment in the county jail for not more than one year or both such fine and imprisonment (CRS 25-2-118). By signing below, I have read and understood that there are penalties for obtaining a record under false pretenses

The information listed above is true to the best of my knowledge and belief and I (we) request that the birth certificate be changed accordingly.

Your Relationship to the Registrant (Check all that apply✓) Self Mother Father Co-Parent Legal Representative (must show proof)

SIGNATURE ▶ _____ **Date** _____ **SIGNATURE** ▶ _____ **Date** _____

CURRENT MAILING ADDRESS ▶ Address _____ City _____ State _____ Zip _____

DAYTIME TELEPHONE # ▶ _____ **EMAIL ADDRESS (Print Clearly)** ▶ _____

9. CONTACT AND RETURN MAILING INFORMATION

RETURN THIS FORM TO US ALONG WITH A PHOTOCOPY OF YOUR ***ID, THE FEES AND DOCUMENTARY EVIDENCE (see #3 or #4 above) TO:

Vital Records, Modification Unit, 4300 Cherry Creek Drive South, Denver, CO 80246

ADOPTIONS ▶ 303-692-2227 Email: samuel.vasquez@state.co.us PATERNITIES ▶ 303-692-2230 Email: alicia.hernandez@state.co.us

ELIGIBLE PARTIES

REGISTRANT'S AGE ▶

- Over 18 ▶** Application must be made by the registrant or his/her legal representative (must show proof)
- Under 18 ▶** Application may be made by one or both parents, a legal guardian, or a legal representative (must show proof)

LINKS AND CONTACT INFORMATION FOR AGENCIES REGARDING ADOPTIONS AND PATERNITIES AND FORMS

COLORADO DISTRICT COURTS
www.courts.state.co.us

1st Judicial District
 Gilpin 303-582-5522
 Jefferson 303-271-6145

2nd Judicial District
 Denver 720-865-8301

3rd Judicial District
 Huerfano 719-738-1040
 Las Animas 719-846-3316

4th Judicial District
 El Paso 719-448-7700
 Teller 719-689-2574

5th Judicial District
 Clear Creek 303-679-4220
 Eagle 970-328-6373
 Lake 719-486-0535
 Summit 970-453-2272

6th Judicial District
 Archuleta 970-264-5932
 La Plata 970-247-2304
 San Juan 970-387-5790

7th Judicial District
 Delta 970-874-6280
 Gunnison 970-641-3500
 Hinsdale 970-944-2227
 Montrose 970-252-4300
 Ouray 970-325-4405
 San Miguel 970-728-3891

8th Judicial District
 Jackson 970-723-4363
 Larimer 970-498-6100

9th Judicial District
 Garfield 970-945-5075
 Pitkin 970-925-7635
 Rio Blanco 970-878-5622

10th Judicial District
 Pueblo 719-583-7000

11th Judicial District
 Chaffee 719-539-2561
 Custer 719-783-2274
 Fremont 719-269-0100
 Park 719-836-2940

12th Judicial District
 Alamosa 719-589-4996
 Conejos 719-376-5465
 Costilla 719-672-3681
 Mineral 719-658-2575
 Rio Grande 719-657-3394
 Saguache 719-655-2522

13th Judicial District
 Kit Carson 719-346-5524
 Logan 970-522-6565
 Morgan 970-542-3435
 Phillips 970-854-3279
 Sedgwick 970-474-3627
 Washington 970-345-2756
 Yuma 970-332-4118

14th Judicial District
 Grand 970-725-3357
 Moffat 970-824-8254
 Routt 970-879-5020

15th Judicial District
 Baca 719-523-4555
 Cheyenne 719-767-5649
 Kiowa 719-438-5558
 Prowers 719-336-7424

16th Judicial District
 Bent 719-456-1353
 Crowley 719-267-4468
 Otero 719-384-4951

17th Judicial District
 Adams 303-659-1161
 Broomfield 720-887-2100

18th Judicial District
 Arapahoe 303-649-6355
 Douglas 720-437-6200
 Elbert 303-621-2131
 Lincoln 719-743-2455

19th Judicial District
 Weld 970-351-7300

20th Judicial District
 Boulder 303-441-3750
 Boulder-Longmont 720-564-2522

21st Judicial District
 Mesa 970-257-3640

22nd Judicial District
 Dolores 970-677-2258
 Montezuma 970-565-1111

COLORADO CHILD SUPPORT ENFORCEMENT AGENCY [Click Here](http://www.childsupport.state.co.us) **WEBSITE:** www.childsupport.state.co.us
 Colorado Department of Human Services, Division of Child Support Enforcement, 1575 Sherman St., Denver, CO 80203
PATERNITY HOTLINE: 303-830-3572

This is a child support enforcement line dedicated for questions regarding paternity determination for children under 18 only.

*****RETURN YOUR REQUEST WITH A COPY OF YOUR DRIVER'S LICENSE, STATE ID, PASSPORT OR OTHER ACCEPTABLE IDENTIFICATION (see below)**

PRIMARY LIST
 Submit one document
 (No expired documents accepted)

OR

SECONDARY LIST
 Submit two documents
 (Any document expired more than six months may not be accepted)

WE CANNOT ACCEPT THE FOLLOWING AS PROOF OF IDENTITY

- Alien Registration Receipt/Permanent Resident Card
- Certificate of U.S. Citizenship
- Colorado Department of Corrections ID card
- CO Temporary Driver's License Form (with hole-punched Driver's License)
- Employment Authorization Card (I-766)
- Foreign Passport
- Photo Driver's License
- Photo ID Card (DMV)
- School, University or College ID Card (must be current)
- Temporary Resident Card
- U.S.A B1/B2 Visa card with I-94
- U.S.A Certificate of Naturalization
- U.S.A Citizenship ID Card (I-197)
- U.S.A Military ID Card
- U.S.A Passport

- Acknowledgment of Paternity document
- Birth Certificate of Applicant (U.S.A only)
- Court order of adoption or name change
- Craft or trade license (Colorado only)
- Divorce Decree (U.S.A only)
- Hospital birth worksheet (for infants under 6 months)
- Hunting or Fishing License (must be current-Colorado only)
- IRS-TIN card
- Marriage license (U.S.A only)
- Medicare Card
- Merchant mariner card
- Mexican voter registration card
- Military Record DD-214
- Motor vehicle registration or title (U.S.A only)
- Pilot license
- Selective Service Card (U.S.A only)
- Social Security Card
- Social Services Card (Medicaid, WIC)
- State or federal prison or corrections card
- Tribal ID Card
- Weapon or gun permit (U.S.A only)
- Work ID, Paycheck Stub (within 3 months), or W-2
- Any Expired document from the Primary List (cannot be expired more than 6 months)

- Matricula Consular Card
- Novelty ID Card
- Non-expiring Identification Cards
- City or County Prison/Jail ID
- Souvenir birth certificates
- Temporary Driver's license
- Temporary State ID

PLEASE NOTE
In some instances proof of relationship is required: (e.g. marriage certificate, birth certificates, court orders, etc...)

***EXCHANGE POLICY:** Effective 7/1/2011 previously issued certified copies of the birth certificate may be exchanged at any time after a correction or change has been made to a birth certificate for \$10.00 each. You must return the birth certificate(s) to utilize this service.

OPTION AVAILABLE FOR ADOPTIONS

Only an adoptive parent or adopted person is eligible for this special service. **ONLY** sign below if you wish the statement "ISSUED PURSUANT TO ADOPTION" to appear on the birth certificate which indicates this person is adopted.

Number of copies to be issued with "Issued pursuant to adoption" requested: _____

Signature of: adopted person adoptive parent
 relationship to registrant (check box✓)

RESOURCES

ID DOCUMENTS



State of Colorado Birth Certificate Worksheet

This information will be used to create your child's birth certificate. All information below must be complete and accurate. If you have questions or are unsure of any information, please leave that space blank and ask the hospital staff member who collects this form for assistance.

PLEASE PRINT CLEARLY				INFANT			
Child's full name:		First	Middle	Last	Suffix		
Do you wish for a Social Security number to be issued to the child? Yes <input type="checkbox"/> No <input type="checkbox"/>				(There is no charge for this service.)			

MOTHER										
Mother's current full name:				First		Middle		Last Name		
Mother's full name before 1st marriage (maiden):				First		Middle		Last Name (maiden)		
Mother's date of birth:			Month	Day	Year	Mother's birthplace:		State, or country if not U.S.A.		If born outside the U. S., how long lived in U.S.? <input type="checkbox"/> Years <input type="checkbox"/> Months
Mother's current residence:				Street address - not a P.O. Box		Apt.#	City		Inside city limits?: Yes <input type="checkbox"/> No <input type="checkbox"/>	
County		State (if Canada, list Province)		Zip		Mailing address if different from above address				

Mother's Social Security number: _____

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 <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, 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. Check the "No" box if mother is not Spanish/Hispanic/Latina.) <input type="checkbox"/> No, not Spanish/Hispanic/Latina <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"/> Other Asian (Specify) _____ <input type="checkbox"/> Chinese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Japanese <input type="checkbox"/> Samoan <input type="checkbox"/> Korean <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify) _____
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Yearly household income: less than \$15,000 \$15,000-\$24,999 \$25,000-\$34,999 \$35,000-\$49,999
 \$50,000-\$74,000 \$75,000+

Marital status: Married but separated Divorced (date: / /) Never married Married (includes common-law)
 Widowed (date: / /)

(If mother is not married or, married, but not to the child's father, an Acknowledgement of Paternity form must be completed to add the father to the birth certificate. Please see the hospital staff member who collects this form for assistance.)

FATHER											
Father's full name:		First	Middle	Last name	Suffix						
Father's date of birth:			Month	Day	Year	Father's birthplace:		State, or country if not U.S.A.		If born outside the U. S., how long lived in U.S.? <input type="checkbox"/> Years <input type="checkbox"/> Months	
Father's Social Security number: _____											
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 <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, 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/Latino. Check the "No" box if father is not Spanish/Hispanic/Latino.) <input type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (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"/> Other Asian (Specify) _____ <input type="checkbox"/> Chinese <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Filipino <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Japanese <input type="checkbox"/> Samoan <input type="checkbox"/> Korean <input type="checkbox"/> Other Pacific Islander (Specify) _____ <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other (Specify) _____									

I certify that the above information is accurate to the best of my knowledge. In the event an error is made on this birth certificate by the hospital or registered midwife during the registration process, I authorize the hospital or registered midwife to act on my behalf as my legal representative to correct the error.

Informant signature: _____ Date: _____

Informant relationship: Mother Father Other _____ (Please specify)

Mother's phone number: / /