



Dear Mom to Be,

Congratulations on your pregnancy! At St. John's Episcopal Hospital, we are dedicated to providing exceptional care and support to you and your family during this exciting time.

As part of our commitment to making your delivery experience as smooth and stress-free as possible, we encourage you to complete your pre-registration within 30 days of your expected due date. Pre-registering helps us ensure that all necessary arrangements are in place, allows for a more efficient check-in process, and helps us prepare for your special arrival.

St. John's Episcopal Hospital is proud to be the premier hospital in Far Rockaway, serving the Rockaway Peninsula and neighboring communities. Our team of caring professionals are dedicated to providing personalized, family centered care in a warm and welcoming environment. We are honored to be part of your journey and look forward to supporting you during this important time.

To complete your pre-registration, please visit our online portal at Mommy.baby@ehs.org, or contact the EHS Maternity Pre-Admission Financial Clearance department at 718-869-7163 to establish a virtual appointment for pre-registration.

Thank you for choosing St. John's Episcopal Hospital for your maternity care. We are committed to making your experience with us positive, comfortable, and memorable.

Wishing you a healthy pregnancy and a smooth delivery!

Sincerely,
The Patient Access Team
St. John's Episcopal Hospital



WHAT TO BRING FOR YOUR HOSPITAL REGISTRATION

(If Not Submitted During Pre-Registration)

Please bring the following items with you upon admission if you have not completed pre-registration:

Valid Photo Identification: Driver's license, state ID, or passport

Insurance Card(s): Your health insurance information and any necessary referral or authorization forms for you and baby

Hospital Registration Forms: Any paperwork provided or completed in advance

Next of Kin/Emergency Contact Information: Names and phone numbers of your support person or emergency contact

Advance Directive: Completed form provided in Registration Packet

Payment Method: Credit/debit card or other payment information

Special Instructions: Any preferences or instructions you wish to share

ITEMS NEEDED TO ADD A PARTNER TO THE BIRTH CERTIFICATE

If you would like to include your partner's name on the birth certificate, please bring:

Partner's Valid Photo Identification: Driver's license, state ID, or passport

Marriage Certificate (if applicable): To confirm legal relationship, if necessary

Completed Birth Certificate worksheet: Provided by hospital staff or available at registration

Partner's Social Security Number: If applicable, for documentation purposes

IMPORTANT FOR UNMARRIED PARENTS:

If you are not married, please complete the Acknowledgment of Parentage form. This form must be completed and signed by two witnesses to establish legal parentage.

Please check with hospital staff ahead of time if you have any questions or need additional documentation to ensure a smooth registration process.



ST. JOHN'S EPISCOPAL HOSPITAL
PATIENT ACCESS DEPARTMENT
327 BEACH 19TH STREET
FAR ROCKAWAY, NY 11691
Phone: 718-869-7163 Fax: 718-869-8557

MATERNITY PRE-ADMISSION QUESTIONNAIRE

TO ENSURE AN EXPEDIENT ADMISSION AND AN ACCURATE BIRTH CERTIFICATE PLEASE RETURN QUESTIONNAIRE WITHIN 10 DAYS OF RECEIPT.
UPON RECEIPT OF THIS FORM, WE WILL SEND YOU AN INFORMATION PACKET.

Estimated Date of Admission/Due Date _____ Referred By: ☐ St. John's Physician ☐ Community Physician
Obstetrician _____ Other _____

☐

| | | | | | |
|--|---|--------------|--|-----------------------------------|-----------------------|
| PATIENT'S LEGAL NAME | LAST | FIRST | MIDDLE | MAIDEN | |
| HOME ADDRESS | STREET | APT NO. | AREA CODE / TEL. NO (H) (C) | | |
| CITY / TOWN | COUNTY | STATE | | ZIP CODE | |
| E-MAIL | @ | | SOCIAL SECURITY | | |
| MAILING ADDRESS (IF DIFFERENT FROM HOME) | | | AREA CODE/ TEL NO (H) (C) | | |
| MATERNITY PATIENT INFORMATION | AGE | BIRTH DATE | RELIGION | RACE | ETHNICITY |
| | MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED | | MOTHER'S FULL NAME _____ | | |
| | <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED | | FATHER'S/PARTNER FULL NAME _____ | | |
| NEXT OF KIN | NAME | RELATIONSHIP | ADDRESS | AREA CODE / TEL NO. (H) (C) | BIRTH DATE |
| NOTIFY IN EMERGENCY | NAME | RELATIONSHIP | ADDRESS | AREA CODE / TEL NO. (H) (C) | BIRTH DATE |
| MOST RECENT CARE | WERE YOU EVER TREATED AT ST. JOHN'S? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> OP CLINIC <input type="checkbox"/> ER <input type="checkbox"/> HOSPITAL <input type="checkbox"/> OTHER _____ | | | | |
| UNDER WHAT LAST NAME WERE YOU REGISTERED IF DIFFERENT FROM ABOVE? _____ | | | | | |
| PATIENT'S OCCUPATION | EMPLOYER _____ | | ADDRESS _____ | | |
| | OCCUPATION _____ | | AREA CODE / TEL NO. _____ | | |
| | ARE YOU A CURRENT EHS EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | |
| <input type="checkbox"/> SPOUSE / PARTNER'S OR <input type="checkbox"/> PARENT'S OCCUPATION PLEASE CHECK ONE | EMPLOYER _____ | | ADDRESS _____ | | |
| | OCCUPATION _____ | | HOW LONG? _____ ADDRESS _____ | | |
| | SOCIAL SECURITY NO. _____ | | AREA CODE / TEL NO. _____ | | |
| ARE YOU A CURRENT EHS EMPLOYEE <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | |
| INSURANCE: PRIMARY INSURANCE | INSURANCE CO. NAME _____ | | TEL NO. TO VERIFY ELIGIBILITY _____ | | |
| | ADDRESS _____ | | CITY _____ | | STATE _____ ZIP _____ |
| | POLICY HOLDER'S NAME _____ | | BIRTH DATE _____ | | |
| | PATIENT RELATIONSHIP TO INSURED: _____ | | POLICY # _____ | | |
| | <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER <input type="checkbox"/> CHILD | | | | |
| SECONDARY INSURANCE | INSURANCE CO. NAME _____ | | TEL NO. TO VERIFY ELIGIBILITY _____ | | |
| | ADDRESS _____ | | CITY _____ | | STATE _____ ZIP _____ |
| | POLICY HOLDER'S NAME _____ | | BIRTH DATE _____ | | |
| | PATIENT RELATIONSHIP TO INSURED: _____ | | POLICY # _____ | | |
| | <input type="checkbox"/> SPOUSE <input type="checkbox"/> OTHER <input type="checkbox"/> CHILD | | | | |
| | MEDICAID COVERAGE: <input type="checkbox"/> FIDELIS <input type="checkbox"/> HEALTHFIRST <input type="checkbox"/> OTHER _____ MEDICAID STATE ID# _____ | | | | |
| NEWBORN INSURANCE | IN WHICH INSURANCE PLAN DO YOU PLAN TO ENROLL YOUR NEWBORN? | | | | |
| | POLICY HOLDER'S NAME _____ | | BIRTH DATE _____ | | |
| | RELATIONSHIP TO PATIENT _____ | | | | |
| | INSURANCE CO. NAME _____ | | | | |
| | CLAIMS ADDRESS _____ | | POLICY ID # _____ | | |
| | AREA CODE / TEL NO. _____ | | MEDICAID COVERAGE _____ MEDICAID STATE ID# _____ | | |
| OTHER INFORMATION | For any financial questions or concerns, please contact the Maternity Pre-Admission Financial Clearance Department of EHS by phone at 718 869-7163 or email - mommy.baby@ehs.org. Additionally, you can fax this form to our secure fax line at 718-869-8557. Please remember to include a copy of your insurance card (both front and back) along with a photo ID. | | | | |



New York City Department of Health
And Mental Hygiene

Bureau of Vital Statistics
125 Worth St.
New York, NY 10013

April 2021

Dear New Mother/Parent (Person Giving Birth),

The New York City Department of Health and Mental Hygiene (NYC Health Department) issues your child's birth certificate. A birth certificate is the permanent legal record of your child's birth and is used as proof of your child's age, citizenship and parentage. The information you provide is required by law. Unless you complete this form correctly, we cannot create an accurate birth certificate for your child.

Information about your education, race, smoking, height and weight before pregnancy are collected for public health purposes. Additional questions labeled "QI" (Quality Improvement) are requested by the New York State (NYS) Department of Health to learn more about the quality of prenatal care New Yorkers are receiving. NYC and NYS laws protect against the unlawful release of birth certificate information to ensure the confidentiality of you and your child.

- It is extremely important that you provide complete and accurate information to questions on this worksheet. Please print all information clearly.
- The worksheet **must** be completed in English. If you are not able to complete it in English by yourself, or if you have any questions, please call the hospital Birth Registrar at _____.
- The worksheet **must** be completed and returned to the Birth Registrar within 24 hours of the birth of your child.

For Facility Birth Registration Tracking Purposes

Mother/Parent Worksheet - Data Collected for Registration of Newborn Birth Certificate

Mother/Parent's
Medical Record
Number:

Mother/Parent's Name:

Child's Medical
Record Number:

Child's Date
of Birth:

Number delivered this pregnancy

If more than one, birth order of this child

Please print all names exactly as you would like them to appear on the birth certificate.
To change this information in the future, you will be required to submit a correction application to the Health Department.

Child

If more than one child delivered, birth order of this child: _____

| | | | | |
|---|--------------------|------------------------|-------------------|----------------------------|
| 1. What will be your child's legal name? | Child's FIRST Name | Child's MIDDLE Name(s) | Child's LAST Name | Suffix (Jr., III, etc.) |
| | | | | |
| 2. Do you want a Social Security number (SSN) and card for your child? M Yes M No | | | | |
| <p>As long as you have provided the legal first and last name of your newborn child above, you may request an SSN for your child. The Health Department will send the request to the Social Security Administration at the time the certificate is filed. If you do not request this now, you will need to contact Social Security directly to obtain an SSN for your child. The hospital, birth facility and Health Department will not be responsible for making the request on your behalf.</p> <p style="text-align: right;">If yes, the card will be mailed to Mother/Parent's Mailing Address by the Social Security Administration.</p> | | | | |

Mother/Parent (Person Giving Birth)

| | | | | |
|--|---|--|---------------------------------|----------------------------------|
| 3. What is your current legal name? | Mother/Parent's First Name | Mother/Parent's Middle Name | Mother/Parent's Legal Last Name | Suffix |
| | | | | |
| 4. What is your maiden name? Name prior to first marriage | M My maiden name is my current legal name | | | |
| | Mother/Parent's First Name | Mother/Parent's Middle Name | Mother/Parent's Legal Last Name | Suffix |
| | | | | |
| 5-7. What is your date of birth, current age and sex? "X" means a gender that is not exclusively male or female (that is, a non-binary gender identity) | | Date of Mother/Parent's Birth ____ / ____ / ____ <i>Month Day Year</i> | Current Age ____ | Sex M Female M Male M X |
| 8. What is your Social Security Number? Providing parents' SSNs is required by Federal Law, 42 USC 405(c) (Section 205c of the Social Security Act). The numbers will be made available to the NYS Office of Temporary and Disability Assistance to assist with child support enforcement activities and to the Internal Revenue Service (IRS) through the Social Security Administration for the purpose of determining Earned Income Tax Credit compliance. | | Mother/Parent's SSN M I do not have an SSN _____ - _____ - _____ Father/Parent's SSN will be requested in the Father/Parent's information section, if applicable | | |
| | | Your signature below indicates that the information regarding the Social Security number on this form is correct. Mother/Parent's Signature _____ Date _____ <i>Month Day Year</i> | | |

Mother/Parent's Birthplace

| | | | |
|--|---|---|---------|
| 9. Where were you born? | City | State (if not in United States (U.S.), please indicate country) | Country |
| 10. If you were born outside of the U.S., how long have you lived in the U.S.? | Years lived in U.S. _____ OR _____ If less than one year: Months lived in U.S. _____ | | |

Mother/Parent's Address

| | | | | |
|---|---|-------|-------------|---|
| 11. Where do you usually live? Where is your household physically located? If not in U.S., please indicate address, city and country. | Street Address (do not enter a PO Box or In Care of (c/o)) | | Apt. Number | If NYC, County (borough) M New York (Manhattan) M Bronx M Kings (Brooklyn) M Queens M Richmond (Staten Island) |
| | City | State | ZIP Code | |
| 12. What is your mailing address? This is where the birth certificate will be mailed. The first copy of the birth certificate is free. | Do you live within the city limits specified above? M Yes M No Outside NYC (Specify County): _____ | | | |
| | M Same as my usual residence above M No mailing address (if no mailing address, certificate will NOT be mailed; you will need to pick it up at the Health Department.) | | | |
| | If mailing address is In Care of (c/o), please indicate here: | | | |
| | In Care of (another person or organization/agency) | | | |
| | Street Address (PO Box is not permitted in a NYC mailing address) | | Apt. Number | |
| | City | State | ZIP Code | Country |
| | | | | |
| 13. What are your telephone numbers? | Day _____ Evening _____ (____) _____ - _____ Ext. _____ (____) _____ - _____ | | | |

Mother/Parent's Attributes

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|------------|-------------------|-----------------------------|------------|-------------------------|---|----------|----------|--|--------------|--|----------------|-------------------------------|-------------------------|-----------|--|--|
| <p>14. Education: What is the highest level of school that you completed at the time of your baby's delivery? Check (K) one box only</p> | <p>M 8th grade or less; none M Associate degree (for example, AA, AS)</p> <p>M 9th-12th grade, no diploma M Bachelor's degree (for example, BA, AB, BS)</p> <p>M High school graduate or GED M Master's degree (for example, MA, MS, MEd, MEd, MSW, MBA)</p> <p>M Some college credit, but no degree M Doctorate (for example, PhD, EdD) or Professional degree (for example, MD, DDS, DVM, LLB, JD)</p> | | | | | | | | | | | | | | | | | | |
| <p>15. Were you employed during the pregnancy?</p> | <p>M Yes M No</p> | | | | | | | | | | | | | | | | | | |
| <p>16. What is your current/most recent occupation/job?</p> | <p>Occupation (For example: cashier, bank teller, nurse, attorney, etc.)</p> | | | | | | | | | | | | | | | | | | |
| <p>17. What industry did you perform this occupation/job? Do not give the name of the business but write what type of business it is.</p> | <p>Industry (For example: restaurant, banking, health care, legal, etc.)</p> | | | | | | | | | | | | | | | | | | |
| <p>18. What is your ancestry? Check (K) one box and specify what you most consider yourself to be.</p> | <p>M Hispanic/Latino (For example: Mexican, Puerto Rican, Cuban, Dominican, etc.) Specify: _____</p> <p>M Not Hispanic/Latino (For example: Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.) Specify: _____</p> | | | | | | | | | | | | | | | | | | |
| <p>19. What is your race? Race is defined by U.S. Census. Hispanic/Latino is not a race according to the U.S. Census. For Hispanic ancestry, please use Question 18. Check (K) all that apply and specify where indicated.</p> | <table border="0"> <tr> <td>M White</td> <td>M Filipino</td> <td>M Native Hawaiian</td> </tr> <tr> <td>M Black or African American</td> <td>M Japanese</td> <td>M Guamanian or Chamorro</td> </tr> <tr> <td>M American Indian or Alaska Native (name of enrolled or principal tribe) _____</td> <td>M Korean</td> <td>M Samoan</td> </tr> <tr> <td></td> <td>M Vietnamese</td> <td>M Other Pacific Islander (specify) _____</td> </tr> <tr> <td>M Asian Indian</td> <td>M Other Asian (specify) _____</td> <td>M Other (specify) _____</td> </tr> <tr> <td>M Chinese</td> <td></td> <td></td> </tr> </table> | M White | M Filipino | M Native Hawaiian | M Black or African American | M Japanese | M Guamanian or Chamorro | M American Indian or Alaska Native (name of enrolled or principal tribe) _____ | M Korean | M Samoan | | M Vietnamese | M Other Pacific Islander (specify) _____ | M Asian Indian | M Other Asian (specify) _____ | M Other (specify) _____ | M Chinese | | |
| M White | M Filipino | M Native Hawaiian | | | | | | | | | | | | | | | | | |
| M Black or African American | M Japanese | M Guamanian or Chamorro | | | | | | | | | | | | | | | | | |
| M American Indian or Alaska Native (name of enrolled or principal tribe) _____ | M Korean | M Samoan | | | | | | | | | | | | | | | | | |
| | M Vietnamese | M Other Pacific Islander (specify) _____ | | | | | | | | | | | | | | | | | |
| M Asian Indian | M Other Asian (specify) _____ | M Other (specify) _____ | | | | | | | | | | | | | | | | | |
| M Chinese | | | | | | | | | | | | | | | | | | | |

Mother/Parent's Health

| <p>20. Did you participate in WIC during this pregnancy? (Special supplemental nutrition for Woman, Infants and Children.)</p> | <p>M Yes M No</p> | | | | | | | | | | | | | | | | | | | | |
|---|--|-------------|------------------------------|----|-------------------------|------------------------------------|-------|--|-------|--------------------------------------|-------|--|-------|---------------------------------------|-------|--|-------|--------------------------------------|-------|--|-------|
| <p>21. What is your height?</p> | <p>Height _____ Feet _____ Inches Pre-Pregnancy Weight _____ pounds</p> | | | | | | | | | | | | | | | | | | | | |
| <p>22. What was your pre-pregnancy weight?</p> | | | | | | | | | | | | | | | | | | | | | |
| <p>23. Did you smoke cigarettes in the three months before or during this pregnancy?</p> | <p>M No M Yes If yes, what was the average number of cigarettes per day or packs per day you smoked during the following times? Please answer below. Enter 0 if none during any of these periods</p> <table border="1"> <thead> <tr> <th>Time Period</th> <th>Number of Cigarettes per day</th> <th>OR</th> <th>Number of Packs per day</th> </tr> </thead> <tbody> <tr> <td>Three months before your pregnancy</td> <td>_____</td> <td></td> <td>_____</td> </tr> <tr> <td>First three months of your pregnancy</td> <td>_____</td> <td></td> <td>_____</td> </tr> <tr> <td>Second three months of your pregnancy</td> <td>_____</td> <td></td> <td>_____</td> </tr> <tr> <td>Third three months of your pregnancy</td> <td>_____</td> <td></td> <td>_____</td> </tr> </tbody> </table> | Time Period | Number of Cigarettes per day | OR | Number of Packs per day | Three months before your pregnancy | _____ | | _____ | First three months of your pregnancy | _____ | | _____ | Second three months of your pregnancy | _____ | | _____ | Third three months of your pregnancy | _____ | | _____ |
| Time Period | Number of Cigarettes per day | OR | Number of Packs per day | | | | | | | | | | | | | | | | | | |
| Three months before your pregnancy | _____ | | _____ | | | | | | | | | | | | | | | | | | |
| First three months of your pregnancy | _____ | | _____ | | | | | | | | | | | | | | | | | | |
| Second three months of your pregnancy | _____ | | _____ | | | | | | | | | | | | | | | | | | |
| Third three months of your pregnancy | _____ | | _____ | | | | | | | | | | | | | | | | | | |
| <p>24. Did you use alcohol during this pregnancy?</p> | <p>M Yes M No</p> | | | | | | | | | | | | | | | | | | | | |
| <p>25a. Did you work with a doula (a trained birth assistant) during this pregnancy?</p> | <p>M Yes M No M Do Not Know</p> | | | | | | | | | | | | | | | | | | | | |
| <p>25b. What was the doula's name and organization (if applicable)?</p> | <p>Name (first, last): _____ Organization: _____ M Do Not Know</p> | | | | | | | | | | | | | | | | | | | | |
| <p>25c. Was the doula present during your labor and/or delivery?</p> | <p>Check (K) all that apply M Yes, the doula provided support in-person M Yes, the doula provided support virtually (for example, over the phone, Zoom, FaceTime) M No</p> | | | | | | | | | | | | | | | | | | | | |

Quality Improvement (QI) questions 26, 27, 28, 29 and 30 are voluntary and asked for the NYS Department of Health – all QI answers are confidential and used for public health purposes only.

| | | | | | | | | | | | | | | | | | |
|--|--|---|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|--|--------------------------|---|--------------------------|---|--------------------------|---|--------------------------|
| <p>26. (QI) did you receive prenatal care (medical care for this pregnancy) before admission for this delivery?</p> | <p>M No - Skip to Question 27 M Yes - If yes, please answer the following: During any of your prenatal care visits, did a doctor, nurse or other health care worker talk with you about any of the things listed below?</p> <table border="0"> <tr> <td>a) How smoking during pregnancy could affect your baby?</td> <td>M Yes M No</td> <td>e) Birth control methods to use after your pregnancy?</td> <td>M Yes M No</td> </tr> <tr> <td>b) How drinking alcohol during your pregnancy could affect your baby?</td> <td>M Yes M No</td> <td>f) What to do if your labor starts early?</td> <td>M Yes M No</td> </tr> <tr> <td>c) How using illegal drugs could affect your baby?</td> <td>M Yes M No</td> <td>g) How to keep from getting HIV (the virus that causes AIDS)?</td> <td>M Yes M No</td> </tr> <tr> <td>d) How long to wait before having another baby?</td> <td>M Yes M No</td> <td>h) Physical abuse to women by their husbands or partners?</td> <td>M Yes M No</td> </tr> </table> | a) How smoking during pregnancy could affect your baby? | M Yes M No | e) Birth control methods to use after your pregnancy? | M Yes M No | b) How drinking alcohol during your pregnancy could affect your baby? | M Yes M No | f) What to do if your labor starts early? | M Yes M No | c) How using illegal drugs could affect your baby? | M Yes M No | g) How to keep from getting HIV (the virus that causes AIDS)? | M Yes M No | d) How long to wait before having another baby? | M Yes M No | h) Physical abuse to women by their husbands or partners? | M Yes M No |
| a) How smoking during pregnancy could affect your baby? | M Yes M No | e) Birth control methods to use after your pregnancy? | M Yes M No | | | | | | | | | | | | | | |
| b) How drinking alcohol during your pregnancy could affect your baby? | M Yes M No | f) What to do if your labor starts early? | M Yes M No | | | | | | | | | | | | | | |
| c) How using illegal drugs could affect your baby? | M Yes M No | g) How to keep from getting HIV (the virus that causes AIDS)? | M Yes M No | | | | | | | | | | | | | | |
| d) How long to wait before having another baby? | M Yes M No | h) Physical abuse to women by their husbands or partners? | M Yes M No | | | | | | | | | | | | | | |
| <p>27. (QI) How many times per week during your current pregnancy did you exercise for 30 minutes or more, aside from your usual activities?</p> | <p>_____ Times per week</p> | | | | | | | | | | | | | | | | |
| <p>28. (QI) Did you have any problems with your gums at any time during pregnancy (for example, swollen or bleeding gums)?</p> | <p>M Yes M No</p> | | | | | | | | | | | | | | | | |
| <p>29. (QI) During your pregnancy, would you say that you were: Check (K) one box only</p> | <p>M Not depressed at all M A little depressed M Modately depressed M Very depressed and did not receive help M Very depressed and did receive help</p> | | | | | | | | | | | | | | | | |
| <p>30. (QI) Thinking back to just before you were pregnant, how did you feel about becoming pregnant? Check (K) one box only</p> | <p>M You wanted to be pregnant sooner M You wanted to be pregnant later M You wanted to be pregnant then M You didn't want to be pregnant then or at any time in the future</p> | | | | | | | | | | | | | | | | |

If you want the name of the child's father/parent to appear on the birth certificate, you must provide accurate and complete information as outlined below and submit a completed form to the hospital Birth Registrar.

And

- 1) If married, ask the hospital what is necessary to ensure the other parent's name appears as the legal parent of your child on the birth certificate; or
- 2) If married and more than one person could be the other parent of the child, you must go to Family Court to establish parentage; or
- 3) If you are not married and the child is not the subject of a surrogacy agreement, both you and the alleged parent can sign an acknowledgment of parentage form in the presence of two unrelated witnesses; or
- 4) If your circumstances are not covered by the above, speak with the hospital Birth Registrar.

**Father/Parent's Information For Live Birth
To Be Completed By Mother/Parent Or Father/Parent**

Father/Parent

| | | | | |
|--|--------------------------------------|--------------------------------|--|----------------------------|
| 31. What is the name of your baby's father/parent prior to the father/parent's first marriage (name at birth)? Please write father/parent name exactly as you would like it to appear on the certificate. To change this information in the future, you will be required to submit a correction application to the Health Department. | Father/Parent's First Name | Father/Parent's Middle Name(s) | Father/Parent's Last Name | Suffix (Jr., III, etc.) |
| | | | | |
| 32-34. What is the father/parent's date of birth , current age , and sex ? "X" means a gender that is not exclusively male or female (that is, a non-binary gender identity) | Date of Father/Parent's Birth | Current Age | Sex <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> X | |
| | ____ / ____ / ____ Month Day Year | ____ | | |
| 35. What is the father/parent's Social Security number ? Providing parents' SSNs is required by Federal Law, 42 USC 405(c) (Section 205c of the Social Security Act). The numbers will be made available to the NYS Office of Temporary and Disability Assistance to assist with child support enforcement activities and to the Internal Revenue Service (IRS) through the Social Security Administration for the purpose of determining Earned Income Tax Credit compliance. | Father/Parent's SSN | | <input type="checkbox"/> Father/Parent does not have an SSN | |
| | ____ - ____ - ____ | | Mother/Parent's signature on previous page confirms that the above SSN is correct | |

Father/Parent's Birthplace

| | | | |
|--|-----------------------------|---|------------------------------|
| 36. Where was the father/parent born ? | City | State (If not in U.S., please indicate country) | Country |
| 37. If the father/parent was born outside of the U.S., how long have they lived in the U.S.? | Years lived in U.S. ____ | OR If less than one year: | Months lived in U.S. ____ |

Father/Parent's Attributes

| | | | |
|--|--|--|---|
| 38. Education: What is the highest level of school that the father/parent completed at the time of your baby's delivery? Check (K) one box only | <input type="checkbox"/> 8th grade or less; none | <input type="checkbox"/> Associate degree (for example, AA, AS) | |
| | <input type="checkbox"/> 9th-12th grade, no diploma | <input type="checkbox"/> Bachelor's degree (for example, BA, AB, BS) | |
| | <input type="checkbox"/> High school graduate or GED | <input type="checkbox"/> Master's degree (for example, MA, MS, MEng, MEd, MSW, MBA) | |
| | <input type="checkbox"/> Some college credit, but no degree | <input type="checkbox"/> Doctorate (for example, PhD, EdD) or Professional degree (for example, MD, DDS, DVM, LLB, JD) | |
| | Occupation (For example: cashier, bank teller, nurse, attorney, etc.) | | |
| 39. What is the father/parent's current or most recent occupation/job ? | Industry (For example: restaurant, banking, health care, legal, etc.) | | |
| 40. In what industry did they perform this occupation/job? Do not give the name of the business, but write what type of business it is. | M Hispanic/Latino (For example: Mexican, Puerto Rican, Cuban, Dominican, etc.) Specify: _____ | | |
| 41. What is the father/parent's ancestry ? Check (K) one box only and specify what the father/parent most considers themselves to be. | M Not Hispanic/Latino (For example: Italian, African American, Haitian, Pakistani, Ukrainian, Nigerian, Taiwanese, etc.) Specify: _____ | | |
| 42. What is the father/parent's race ? Race is defined by the U.S. Census. Hispanic/Latino is not a race according to the U.S. Census. For Hispanic/Latino ancestry, please use Question 41. Check (K) all that apply and specify where indicated. | <input type="checkbox"/> White | <input type="checkbox"/> Filipino | <input type="checkbox"/> Native Hawaiian |
| | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Japanese | <input type="checkbox"/> Guamanian or Chamorro |
| | <input type="checkbox"/> American Indian or Alaska Native (name of enrolled or principal tribe) _____ | <input type="checkbox"/> Korean | <input type="checkbox"/> Samoan |
| | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Other Pacific Islander (specify) _____ |
| | <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Asian (specify) _____ | <input type="checkbox"/> Other (specify) _____ |

Acknowledgment of Parentage

Signing this form is voluntary. This is a legal document. Read the entire form before you sign.

To assist you in determining your eligibility to sign an Acknowledgment of Parentage, the following definitions are provided:

- **Child** – the individual for whom parentage needs to be established.
- **Birth Parent** – the parent who gave birth to the child.
- **Alleged Parent** – the person who may be the child’s genetic parent but who has not yet been legally declared to be the parent.
- **Intended Parent** – an individual who intends to be legally bound as the parent of a child resulting from assisted reproduction.
- **Other Parent** – refers to either the alleged or intended parent.
- **Putative Father Registry** – the State registry where Acknowledgments of Parentage and Acknowledgments of Paternity are filed. Information in this registry shall be released to a court or authorized agency upon request but shall not be released to any other person without a court order for good cause shown.
- **Gamete Donor** – the sperm or egg donor.

Prior to signing the Acknowledgment of Parentage, the birth parent and the other parent shall be provided oral and written notice of their rights and the consequences of signing. An Acknowledgment of Parentage that has been voluntarily signed by both parents has the same legal force and effect as a court order determining the child’s legal parentage and establishes the duty of both parents to provide support for the child. This means that if the Acknowledgment of Parentage is not challenged, you do not have to go to court or an administrative proceeding to determine or confirm the identity of the child’s other parent.

Before signing an Acknowledgment of Parentage, you may wish to speak to a lawyer. You have a right to seek legal representation and supportive services, including counseling, to help you decide whether to sign the Acknowledgment of Parentage.

Who can sign?

Only two people can sign the Acknowledgment of Parentage to add the other parent to the birth certificate:

| Scenario #1: | Scenario #2: |
|---|---|
| <ul style="list-style-type: none"> • Unmarried Birth Parent <i>and</i> • Alleged Parent | <ul style="list-style-type: none"> • Married or Unmarried Birth Parent <i>and</i> • Intended Parent |

The child may be given any last name chosen by the parents. The child’s name will not affect the child’s legal status.

DO NOT sign an Acknowledgment of Parentage if:

- The birth parent of a child conceived naturally was married any time during the pregnancy or when the child was born;
- The birth parent is unmarried and more than one person could be the other parent;
- A court has entered a judgment or order determining parentage for the child;
- A valid Acknowledgment of Paternity/Parentage has been signed for the child;
- The child is the subject of a surrogacy agreement;
- The child has not been born; or
- There are already two parents on your child's birth certificate.

DO NOT sign an Acknowledgment of Parentage if, after reading this written notice and receiving oral notice, you have any doubts about the child's parentage.

When parents sign an Acknowledgment of Parentage:

- They give up their right to a court hearing to determine parentage;
- They may establish custody and visitation rights;
- They may be required to give consent before the child can be placed for adoption;
- The child's right to inherit from both parents **is established** if the Acknowledgment of Parentage is filed with the registrar in the district where the birth certificate was filed; and
- The child's right to inherit from both parents **may be established** if the Acknowledgment of Parentage is filed only with the Putative Father Registry.

If an Acknowledgment of Parentage is not signed by both parents:

- The other parent will not have a legal duty to support the child and the other parent's name cannot be on the birth certificate until there has been a hearing to determine parentage. If the court determines the other parent to be a legal parent of the child, the court may make an order of support which may be retroactive to the birth of the child.
- If a court hearing is required because both parents do not sign the Acknowledgment of Parentage:
 - The other parent may have a right to free legal representation if they are unable to pay for a lawyer; and
 - An alleged parent has a right to a genetic marker test or DNA test.
- If the birth parent applies for or receives public assistance, that parent's refusal to sign the Acknowledgment of Parentage cannot be considered a failure to cooperate in establishing parentage for the child.

An Acknowledgment of Parentage is void at the time of signing if:

- A person other than the parties signing the Acknowledgment of Parentage is a presumed parent of the child due to marriage under New York Domestic Relations law;
- The child has a legally recognized parent other than the parties signing the Acknowledgment of Parentage due to an assisted reproduction agreement;
- A court has already entered a judgment or order determining parentage for the child;
- Another person has voluntarily acknowledged parentage for the child;
- A person signing the Acknowledgment of Parentage was a donor in an assisted reproduction, and already signed a statement that the donation was not intended to result in parental rights and responsibilities; or
- A person signing the Acknowledgment of Parentage asserts that they have parental rights due to an assisted reproduction agreement, but a court finds that the child was not conceived through assisted reproduction.

Where does the Acknowledgment of Parentage get filed? Who files it?

If you signed the Acknowledgment of Parentage at a hospital or social services district, the original Acknowledgment of Parentage will be filed for you with the registrar of the district where the birth certificate is filed. If you did NOT sign the Acknowledgment of Parentage at a hospital or social services district, you must mail or take the original Acknowledgment of Parentage to the registrar of the district where the birth certificate is filed.

- For births that took place **in New York City**, mail or take the original Acknowledgment of Parentage to the registrar at the New York City Department of Health and Mental Hygiene, Office of Vital Records, Attention: Corrections Unit Room 144, 125 Worth Street CN-4, New York, NY 10013-4089.
- For births that took place **outside New York City**, mail or take the original Acknowledgment of Parentage to the registrar of the district where the birth certificate is filed.

The registrar will mail you a certified copy of the Acknowledgment of Parentage and will file a copy of the Acknowledgment of Parentage with the Putative Father Registry.

Note: If the name and address of a gamete donor of a child conceived through assisted reproduction is included on the Acknowledgment of Parentage, the State Department of Health or the New York City Department of Health and Mental Hygiene shall mail a copy to the known donor listed on the form with the Social Security numbers of the signatories redacted.

Can you get a new birth certificate after signing the form?

Yes. If the Acknowledgment of Parentage was not signed at the time of birth, then a new birth certificate will be issued with the name of each parent included. If you changed the child's last name when completing the Acknowledgment of Parentage, it will be changed on the new birth certificate.

Do you have to pay for a new birth certificate?

If your **child was born in a hospital outside New York City**, and you are signing the Acknowledgment of Parentage after the original birth certificate was filed, the New York State Department of Health will issue one free amended birth certificate, which will be mailed to the birth parent. Any additional copies of the amended birth certificate will be provided for a fee.

If your **child was born in a New York City hospital**, and you are signing the Acknowledgment of Parentage after the original birth certificate was filed, the New York City Department of Health and Mental Hygiene will issue one free amended birth certificate to the other parent. If the child is less than one year old, the birth parent may exchange the original birth certificate at no cost; after one year there is a replacement cost.

Can you withdraw the Acknowledgment of Parentage after signing?

Yes. Either parent has the right to file a petition to vacate the Acknowledgment of Parentage with the family court. The petition can only be filed within the following time limits, which depend upon the age of the parent at the time the parent signs the Acknowledgment of Parentage:

| | The parent is 18 years or older when signing the Acknowledgment of Parentage | The parent is under 18 years old when signing the Acknowledgment of Parentage |
|--|--|---|
| Whichever is earlier | Within 60 days of the date of signing the Acknowledgment of Parentage. | Within 60 days after that parent's 18th birthday. |
| | The date on which an answer to a petition is required in a proceeding relating to the child and in which such parent is a party. | Within 60 days after the date on which an answer to a petition is required in a proceeding relating to the child and in which such parent is a party, provided the parent was advised at any such proceeding of the right to file a petition to vacate. |
| If the time limits have expired | Either parent may only challenge the Acknowledgment of Parentage, in court, if it was signed based on fraud, duress, or material mistake of fact. The burden of proof is on the party wishing to withdraw the Acknowledgment of Parentage. | |

If the petition to vacate is filed within the correct time limit or, if after the time limit expired, the parent has successfully challenged the Acknowledgment of Parentage in court, the court will order genetic marker tests or DNA tests to determine the child's parentage. The court will not order this testing, however, if the Acknowledgment of Parentage was signed by the intended parent of a child born through assisted reproduction, or if the court finds that it is not in the best interests of the child. Neither parent's legal obligations, including the obligation to support the child, may be suspended during the challenge to the Acknowledgment of Parentage except if the court finds good cause.

If the court determines, following a genetic marker test or DNA test, that the person who signed the Acknowledgment of Parentage is a parent of the child, the court shall make a finding of parentage and enter a judgment or order determining parentage. If the court determines that the person who signed the Acknowledgment of Parentage is not the parent of the child, the Acknowledgment of Parentage will be vacated and the court will immediately provide a copy of the order to the registrar and to the Putative Father Registry. If a party is receiving child support services, a copy will be provided to the Child Support Enforcement Unit.

Still have questions?

Questions regarding the **birth certificate process** should be directed to the registrar of the district where the Acknowledgment of Parentage has been or will be filed. In New York City, call the New York City Department of Health and Mental Hygiene at **3-1-1** or **212-NEW-YORK**.

For questions about this form or about establishing parentage, speak with hospital staff or e-mail questions to otda.sm.dcse.parentage@otda.ny.gov. You may also watch a video about the Acknowledgment of Parentage process available on the New York State Division of Child Support Services website at childsupport.ny.gov.

PLEASE NOTE: The information and statements contained in the Acknowledgment of Parentage will not be verified by any State, local, or private entity before or after a birth certificate is created or the document is filed with the Putative Father Registry, as no requirement to do so is provided in law.

ACKNOWLEDGMENT OF PARENTAGE

(Please type or print clearly using black ink.)

Recorded district _____ Hospital code _____ Register number _____

Check where signed: ☐ Hospital ☐ Child Support Program office ☐ Birth registrar ☐ Other**Child**

First name _____ Middle name _____ Last name _____

Gender☐ Female ☐ Male ☐ Non-Binary/other**Date of birth** (MM/DD/YYYY)

____ / ____ / ____

Facility of birth**City of birth****County/borough of birth**

If the child's birth certificate was already filed and you wish to change the child's last name, complete the following section:

Last name on original birth certificate**New last name**

We understand that signing this Acknowledgment of Parentage is voluntary and will establish parentage of our child with the same force and effect as an Order of Parentage entered after a court hearing including an obligation to provide support for our child except that, only if this Acknowledgment of Parentage is filed with the Registrar where the birth certificate is filed, will the Acknowledgment of Parentage have such force and effect with respect to inheritance rights. We have received written and oral notice of our legal rights (including the timeframes to withdraw), responsibilities, alternatives and the consequences of signing the Acknowledgment of Parentage, and we understand what the notice states. A copy of the written notice has been provided to us. We certify that the information we provide below is true.

Birth Parent

First name _____ Middle name _____ Last name _____

Street address _____ Floor/Apt. _____ City _____ State _____ ZIP _____

Date of birth (MM/DD/YYYY)

____ / ____ / ____

Social Security Number

____ - ____ - ____

Were you married at the time of birth? ☐ Yes ☐ No

I hereby consent to the Acknowledgment of Parentage for my child named above and acknowledge that the person named below is the only possible other genetic parent, or is an intended parent and the child was conceived through assisted reproduction.

Signature**Date** (MM/DD/YYYY)

____ / ____ / ____

Witness section

(Two witnesses required;
witnesses cannot be
related to either parent)

Witness signature

Witness print name

Date (MM/DD/YYYY)

____ / ____ / ____

Witness signature

Witness print name

Date (MM/DD/YYYY)

____ / ____ / ____

Other Parent

First name _____ Middle name _____ Last name _____

Street address _____ Floor/Apt. _____ City _____ State _____ ZIP _____

City of birth _____ State/Province of birth _____ Country of birth _____

Date of birth (MM/DD/YYYY)

____ / ____ / ____

Social Security Number

____ - ____ - ____

Are you the genetic/biological father of the child? ☐ Yes ☐ No

I hereby acknowledge that I am the genetic or intended parent of the child named above.

Signature**Date** (MM/DD/YYYY)

____ / ____ / ____

Witness section

(Two witnesses required;
witnesses cannot be
related to either parent)

Witness signature

Witness print name

Date (MM/DD/YYYY)

____ / ____ / ____

Witness signature

Witness print name

Date (MM/DD/YYYY)

____ / ____ / ____

For Official Use Only

The above Acknowledgment of Parentage is hereby filed with the _____ registrar on _____

If this document is to amend a birth certificate, I certify that I have examined the original record this seeks to amend and the information on this document matches. There are no omissions or apparent errors that render it unacceptable for amending the birth record. This document is therefore approved.

State Registrar/Deputy City Registrar signature**Date** (MM/DD/YYYY)

Birth Parent _____

Name

Street address

| Floor/Apt. | City | State | ZIP |
|-------------------|-------------|--------------|------------|
| _____ | _____ | _____ | _____ |

Mailing address of **birth parent**
must be printed here

Other Parent _____

Name

Street address

| Floor/Apt. | City | State | ZIP |
|-------------------|-------------|--------------|------------|
| _____ | _____ | _____ | _____ |

Mailing address of **other parent**
must be printed here

Gamete Donor *(if applicable)* _____

Name

Street address

| Floor/Apt. | City | State | ZIP |
|-------------------|-------------|--------------|------------|
| _____ | _____ | _____ | _____ |

Mailing address of **gamete donor**,
if known, must be printed here