



## Birth Certificate Worksheet Register Your Newborn Today!

**This document must be completed before you are discharged from the Hospital.**

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1. Please read carefully and complete the Birth Registration Worksheet, making sure to print legibly.
  2. The instructions will inform you:
    - How to fill out certain important sections of the birth registration worksheet
    - How to request a certified copy of your baby's birth certificate
    - How to add your baby to your insurance plan
    - How to apply for a social security card for your baby
    - How to contact hospital and governmental personnel for information
  3. Upon completion, please return the birth registration worksheet to your nurse or to the Hospital's birth certificate clerk.
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The purpose of the birth certificate worksheet is to collect information requested by the Georgia Department of Public Health Division of Vital Records. Your birth certificate clerk at this Hospital will enter the information from this worksheet directly into GAVERS, Georgia Vital Events Registration System, which is the State's electronic birth registration system. Accordingly, we ask that you thoroughly and accurately complete the worksheet before your discharge from the Hospital.

**Q: Will I receive a birth certificate from the Hospital?**

**A:** No, the Hospital does not provide certified copies of birth certificates. The Office of Vital Records in any county in the State will provide copies upon request. Some county probate courts also provide copies. Please call to verify in advance. There is a \$25 fee for the first copy and \$5 for each additional copy. The Hospital does provide a souvenir certificate, which is a non-legal document of your baby's birth. Your nurse will give it to you.

**Q: What should I consider when naming my baby?**

**A:** Please print your baby's first, middle, and last name. In America, the last name is also called the "Surname." A surname is the part of a person's name that identifies the family. For most Americans, the surname is the last name and, typically, is the father's family name. For example, "Doe" is the surname or last name in, "John Allen Doe." However, this may not be true for many Americans who practice other cultural traditions. Piedmont Healthcare respects the cultural traditions of parents and will follow the wishes of the parents to name their child in accordance with relevant laws of the State of Georgia.

**Q: How does my marital status apply to naming my baby?**

**A:** For a married couple, the parents designate the baby's name. For an unmarried couple, the parents may complete a Paternity Acknowledgement form to establish paternity and designate the baby's name. Please see pages 7 and 8 of this document for more information. If the mother is single and the father of the baby does not wish to complete a Paternity Acknowledgement, the baby will receive the mother's surname.

**Q: What is a Paternity Acknowledgement?**

**A:** The Paternity Acknowledgement is a document which has two main purposes. It is a document that when signed by both parents and notarized allows the father's name to be included on the child's birth certificate. It can also be used to document the mother's and father's permission for the child to be registered with the father's surname. See pages 7 and 8 for more information. [As a courtesy to our patients, the Vital Records Specialist provides free notary services to parents Monday through Friday from 8:00 AM to 3:30 PM.](#)

**Q: What if I am unable to complete the Paternity Acknowledgement before I am discharged?**

**A:** The notary services at this Hospital are only a courtesy. The main overseer of the Paternity Acknowledgement Program for the State of Georgia is the Department of Public Health Division of Vital Records. Parents may:

- Complete the paternity acknowledgment form, have their signatures notarized, and mail the form to the Vital Records Department at 1680 Phoenix Boulevard, Suite 100, Atlanta, GA 30349.
- Complete the paternity acknowledgment form and have their signatures witnessed at the Vital Records Department, 1680 Phoenix Boulevard, Suite 100, Atlanta, GA 30349. See below for contact information.

**Q: What if I do not complete and submit the birth certificate worksheet before I am discharged?**

**A:** We strongly encourage parents to complete the worksheet before discharge. However, if the worksheet is not completed before discharge, the Hospital's vital records clerk will make three (3) attempts to contact you using the contact information supplied by you upon registration. All three contacts will be documented and kept on record for two (2) years. If the vital records clerk is unsuccessful in reaching you, your baby's birth will be registered with the State, however, the registration will be incomplete. As parents, you are required to complete the registration of your baby with the State. **The Department of Public Health Division of Vital Records mandates that all infants born in the State of Georgia are registered with the State within five (5) days of the baby's birth.**

**Q: How do I add my baby to my insurance plan?**

**A:** Most health plans have a 30 day maximum deadline to add your baby. Your baby may need a Confirmation of Birth to be enrolled as a new member on your current insurance plan. Therefore, as new parents, it is very important to complete the birth worksheet as soon as possible after the delivery of your baby and most assuredly before your discharge from the hospital. When you have submitted a completed worksheet to the vital records clerk, a Confirmation of Birth document will be given to you prior to discharge or mailed to your home.

Because your insurance plan may require a social security number for your new baby at some point in the future, you should consider this topic when completing the birth certificate worksheet specifically question 76 on page 6 of this document.

**Q: How can I request a social security number for my child?**

**A:** By checking "YES" in the box number 76 on this worksheet, you are giving the Hospital permission to share information with the Social Security Administration that will result in a social security card for your baby. See page 6. The card will be mailed to your home address within two (2) to three (3) weeks at no cost to you.

**To contact the vital records clerk at the hospital where you are currently admitted, please call:**

Piedmont Athens Hospital  
(706) 475-4148

Piedmont Atlanta Hospital  
(404) 605-3604

Piedmont Columbus Regional  
(706) 660-2739

Piedmont Fayette Hospital  
(770) 719-7048

Piedmont Henry Hospital  
(678) 604-5073

Piedmont Mountainside Hospital  
(770) 400-4174

Piedmont Newnan Hospital  
(770) 400-4174

Piedmont Newton Hospital  
(770) 385-4274

Piedmont Rockdale Hospital  
(770) 918-3384

Piedmont Walton Hospital  
(770) 267-1885

**Other contact information:**

**Clarke County Health Dept.**  
(706) 389-6871

**Coweta County Probate Court**  
(770) 254-2640

**Columbus Dept. of Public Health**  
(706) 321-6130

**Fayette County Probate Court**  
(770) 716-4222

**Fulton County Probate Court**  
(404) 613-1260

**Georgia Vital Records Department**  
(404) 679-4701

**Henry County Probate Court**  
(770) 288-7600

**Newton County Probate Court**  
(770) 784-2045

**Pickens County Probate Court**  
(706) 253-8755

**Rockdale County Probate Court**  
(770) 278-7701

**Walton County Health Department**  
(770) 207-4069

**Online Internet**  
<https://dph.georgia.gov/VitalRecords>

**Social Security Administration**  
1 (800) 772-1213

# STATE OF GEORGIA BIRTH WORKSHEET

1. THIS BIRTH (Single, Twin, Triplet, etc)

2. IF NOT SINGLE, SPECIFY (1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, etc.)

3. NEWBORN'S NAME (FIRST MIDDLE LAST SUFFIX)

4. DATE OF BIRTH (mm/dd/yyyy)

5. TIME OF BIRTH (24 hr)

6. SEX

7. HOSPITAL FACILITY NAME AND ADDRESS (if not Hospital, give street and number)

8. CITY, TOWN OR LOCATION OF BIRTH

9. FACILITY ID (NPI)

Hospital  Birthing Center  Enroute/BOA  Clinic/Doctor's Office  ER  Other (specify)

10. SPECIFY BIRTHPLACE

11. COUNTY, STATE AND ZIP CODE OF BIRTH

12. MOTHER'S NAME (FIRST MIDDLE LAST)

13. NAME PRIOR TO FIRST MARRIAGE (FIRST MIDDLE LAST)

14. DATE OF BIRTH (mm/dd/yyyy)

15. BIRTHPLACE (State, Territory or Foreign Country)

16. MOTHER'S SSN

17a. MOTHER'S MARITAL STATUS Married at the time of conception or time of birth?  Yes  No  Unknown

If not married, has an order of paternity or legitimation been issued by a court?  Yes  No  Unknown

Have both mother and father consented in writing to have father's name on the certification or have they both signed a paternity acknowledgment?  Yes  No  Unknown

17b. DATE PATERNITY ACKNOWLEDGMENT OR LEGITIMATION SIGNED (mm/dd/yyyy)

18. NUMBER AND STREET OF RESIDENCE

19. CITY, TOWN OR LOCATION

20. RESIDENCE STATE

Phone Number: \_\_\_\_\_ Residing at current residence for: \_\_\_ Years \_\_\_ Months

Inside city limits?  Yes  No  Unknown

21. COUNTY OF RESIDENCE

22. ZIP CODE

23. MOTHER'S MAILING ADDRESS (Street, City, State, Zip, County)  Mailing address same as above

24. MOTHER'S EDUCATION LEVEL (Choose **only one** option that represents the highest level of education attained)

Completed 1<sup>st</sup> Grade  Completed 2<sup>nd</sup> Grade  Completed 3<sup>rd</sup> Grade  Completed 4<sup>th</sup> Grade  Completed 5<sup>th</sup> Grade  Completed 6<sup>th</sup> Grade  
 Completed 7<sup>th</sup> Grade  Completed 8<sup>th</sup> Grade  Completed 9<sup>th</sup> Grade  Completed 10<sup>th</sup> Grade  Completed 11<sup>th</sup> Grade  
 Completed 12th Grade but Did NOT Graduate  High school graduate or GED

Some college credit leading to an Associate degree but did **NOT** Graduate

Some college credit leading to a Bachelor's degree but did **NOT** Graduate

None

Associate degree (e.g. AA, AS)

Master's degree (e.g. MA, MS)

Unknown

Bachelor's degree (e.g. BA, BS)

Doctorate (e.g. PhD, EdD, MD)

25. Primary Language spoken at Home \_\_\_\_\_

26. Mother's Occupation \_\_\_\_\_

27. Kind of business or industry \_\_\_\_\_

28. Employed during last year  Yes  No  Unknown

29. Employer's name/address: \_\_\_\_\_  
 Name Street City State/Country Zip Code

30. MOTHER'S ETHNICITY

Yes, Cuban  No, not Spanish/Hispanic/Latino  Refused  Unknown  
 Yes, Puerto Rican  Yes, Mexican, American, Chicano  Yes, Other Hispanic (Specify) \_\_\_\_\_

31. MOTHER'S RACE (Check all that apply)

White  Chinese  Korean  Guamanian or Chamorro  
 Black or African American  Filipino  Vietnamese  Samoan  
 Asian Indian  Japanese  Native Hawaiian  Other (Specify) \_\_\_\_\_  
 Other Pacific Islander (Specify) \_\_\_\_\_  Other Asian (Specify) \_\_\_\_\_  
 American Indian or Alaska Native; \*Specify enrolled or principal tribe \_\_\_\_\_  Refused  Unknown

32. FATHER'S NAME (FIRST MIDDLE LAST SUFFIX)

33. DATE OF BIRTH (mm/dd/yyyy)

34. BIRTHPLACE (State, Territory or Foreign Country)

35. FATHER'S SSN

36. FATHER'S RESIDENCE ADDRESS (STREET CITY STATE ZIP COUNTY)

Address same as mother's residence address



**37. FATHER'S EDUCATION LEVEL** (Check only one option that represents the highest level of education attained)

- |   |  |   |   |   |  |
|---|--|---|---|---|--|
| <input type="checkbox"/> Completed 1 <sup>st</sup> Grade  | <input type="checkbox"/> Completed 2 <sup>nd</sup> Grade | <input type="checkbox"/> Completed 3 <sup>rd</sup> Grade  | <input type="checkbox"/> Completed 4 <sup>th</sup> Grade  | <input type="checkbox"/> Completed 5 <sup>th</sup> Grade  | <input type="checkbox"/> Completed 6 <sup>th</sup> Grade                       |
| <input type="checkbox"/> Completed 7 <sup>th</sup> Grade  | <input type="checkbox"/> Completed 8 <sup>th</sup> Grade | <input type="checkbox"/> Completed 9 <sup>th</sup> Grade  | <input type="checkbox"/> Completed 10 <sup>th</sup> Grade | <input type="checkbox"/> Completed 11 <sup>th</sup> Grade | <input type="checkbox"/> Completed 12 <sup>th</sup> Grade but Did NOT Graduate |
| <input type="checkbox"/> High school graduate or GED  |  | <input type="checkbox"/> Some college credit leading to an Associate degree but did <b>NOT</b> Graduate |   | <input type="checkbox"/> Associate degree (e.g. AA, AS)   |  |
| <input type="checkbox"/> Some college credit leading to a Bachelor's degree but did <b>NOT</b> Graduate |  | <input type="checkbox"/> Master's degree (e.g. MA, MS)  |   | <input type="checkbox"/> Bachelor's degree (e.g. BA, BS)  |  |
| <input type="checkbox"/> None   |  | <input type="checkbox"/> Unknown  |   | <input type="checkbox"/> Doctorate (e.g. PhD, EdD, MD)    |  |

38. Father's Occupation \_\_\_\_\_ 39. Father's Industry \_\_\_\_\_ 40. Employed during the last year?  Yes  No  Unknown

41. Employer's Name and Address \_\_\_\_\_  
 Name Street & Number City State/Country Zip Code

**42. FATHER'S ETHNICITY**

- |  |  |  |                                  |
|--|--|--|----------------------------------|
| <input type="checkbox"/> Yes, Cuban        | <input type="checkbox"/> No, not Spanish/Hispanic/Latino | <input type="checkbox"/> Refused                             | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Yes, Puerto Rican | <input type="checkbox"/> Yes, Mexican, American, Chicano | <input type="checkbox"/> Yes, Other Hispanic (Specify) _____ |                                  |

**43. FATHER'S RACE (Check all that apply)**

- |   |                                   |  |   |
|---|-----------------------------------|--|---|
| <input type="checkbox"/> White  | <input type="checkbox"/> Chinese  | <input type="checkbox"/> Korean                      | <input type="checkbox"/> Guamanian or Chamorro                    |
| <input type="checkbox"/> Black or African American  | <input type="checkbox"/> Filipino | <input type="checkbox"/> Vietnamese                  | <input type="checkbox"/> Samoan                                   |
| <input type="checkbox"/> Asian Indian   | <input type="checkbox"/> Japanese | <input type="checkbox"/> Native Hawaiian             | <input type="checkbox"/> Other (Specify) _____                    |
| <input type="checkbox"/> Other Pacific Islander (Specify) _____                                       |                                   | <input type="checkbox"/> Other Asian (Specify) _____ |   |
| <input type="checkbox"/> American Indian or Alaska Native; *Specify enrolled or principal tribe _____ |                                   |  | <input type="checkbox"/> Refused <input type="checkbox"/> Unknown |

44. Mother's Med Record #: \_\_\_\_\_ 45a. Mother's pre-pregnancy weight: \_\_\_\_\_ lbs  Unknown 45b. Mother's weight at delivery \_\_\_\_\_ lbs  Unknown

46. Mother's height: \_\_\_\_\_ feet \_\_\_\_\_ inches  Unknown 47. Did Mother receive WIC during this pregnancy?  Yes  No  Unknown

48a. Did mother use alcohol during pregnancy?  Yes  No  Unknown 48b. How many drinks per week? \_\_\_\_\_

49. Did Mother smoke cigarettes before OR during this pregnancy  Yes  No  Unknown  
 # of cigarettes \_\_\_\_\_ or # of packs \_\_\_\_\_ three months before pregnancy # of cigarettes \_\_\_\_\_ or # of packs \_\_\_\_\_ first trimester  
 # of cigarettes \_\_\_\_\_ or # of packs \_\_\_\_\_ second trimester # of cigarettes \_\_\_\_\_ or # of packs \_\_\_\_\_ third trimester

50. Principle Source of Payment  Tricare  Medicaid  Self Pay  Other Government (Federal, State, Local)  Indian Health Services  
 Private Insurance  Other \_\_\_\_\_  Unknown

51. Vaccinations during pregnancy (Note trimester)  TDAP Trimester \_\_\_\_\_  Flu Trimester \_\_\_\_\_  Other Trimester \_\_\_\_\_  None

**52. MOTHER PREGNANCY HISTORY**

- a. Is this the mother's first pregnancy?  Yes  No  Unknown  
 b. Number of previous live births now living \_\_\_\_\_ (Do not include this child)  
 c. Number of previous live births now dead \_\_\_\_\_  
 d. Date of last live birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)  
 e. Number of fetal deaths less than 20 weeks (including ectopic loss, induced terminations or miscarriages) \_\_\_\_\_  
 f. Number of previous fetal deaths 20 weeks or greater (including induced terminations, miscarriages or stillbirths) \_\_\_\_\_  
 g. Date of last other pregnancy outcome \_\_\_\_/\_\_\_\_/\_\_\_\_ (mm/dd/yyyy)

**53. MOTHER PRENATAL CARE**

- |  |  |
|--|--|
| a. Did mother receive prenatal care? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | d. Date of last prenatal care visit ____/____/____ (mm/dd/yyyy)    |
| b. Date of first prenatal care visit ____/____/____ (mm/dd/yyyy)   | e. Total number of prenatal care visits _____ (If none, enter '0') |
| c. Enter month prenatal care began _____ (1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> month of pregnancy)              | f. Date last normal menses began ____/____/____ (mm/dd/yyyy)       |

54. Mother transferred for delivery?  Yes  No If yes, from what location: \_\_\_\_\_



**55. METHOD OF DELIVERY**

- a. Was delivery with forceps attempted but unsuccessful?  Yes  No  Unknown
- b. Was delivery with vacuum extraction attempted but unsuccessful?  Yes  No  Unknown
- c. Fetal presentation at birth?  Cephalic  Breech  Other  Unknown
- d. Final route and method of delivery?  Vaginal/spontaneous  Vaginal/forceps  Vaginal/vacuum  Cesarean  Unknown
- e. If cesarean, was a trial labor attempted?  Yes  No  Unknown

**56. EXPOSURE/INFECTIONS PRESENT/ TREATED DURING PREGNANCY (Check all that apply)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Bacterial Meningitis                         | <input type="checkbox"/> Congenital Toxoplasmosis                | <input type="checkbox"/> Listeria              |
| <input type="checkbox"/> Carrier/suspected carrier of viral hepatitis | <input type="checkbox"/> Gonorrhea                               | <input type="checkbox"/> Parvovirus            |
| <input type="checkbox"/> Chemotherapy                                 | <input type="checkbox"/> Group B streptococcus                   | <input type="checkbox"/> Syphilis              |
| <input type="checkbox"/> Chlamydia                                    | <input type="checkbox"/> Hepatitis B                             | <input type="checkbox"/> Unknown               |
| <input type="checkbox"/> Congenital cytomegalovirus infection (CMV)   | <input type="checkbox"/> Hepatitis C                             | <input type="checkbox"/> None of the above     |
| <input type="checkbox"/> Congenital Rubella                           | <input type="checkbox"/> Herpes (active at the time of delivery) | <input type="checkbox"/> Other (specify) _____ |
|   | <input type="checkbox"/> HIV                                     |  |

**57. RISK FACTORS IN THIS PREGNANCY (Check all that apply)**

- a. **DIABETES (Select one of the following)**  Pre-pregnancy (diagnosis prior to this pregnancy)  Gestational (diagnosis in this pregnancy)
- b. **HYPERTENSION (Select one of the following)**  Pre-pregnancy (chronic)  Gestational (PIH, preeclampsia)  Eclampsia
- c.  Previous preterm birth
- d. Pregnancy resulted from infertility treatment (Check all that apply):
  - Fertility enhancing drugs  Artificial insemination  Intrauterine insemination
  - In vitro fertilization (IVF)  Gamete intrafallopian transfer (GIFT)  Other (specify) \_\_\_\_\_
- e. Other poor pregnancy outcome  Perinatal death  Small for gestational age  Intrauterine growth restriction  Other (specify) \_\_\_\_\_
- f.  Mother had a previous cesarean delivery? If selected, how many? \_\_\_\_\_
- g.  None of the above
- h.  Unknown

**58. OBSTETRIC PROCEDURES (Check all that apply)**

- Cervical cerclage
- Tocolysis
- External cephalic version;  Successful  Failed
- None of the above
- Unknown

**59. ONSET OF LABOR (Check all that apply)**

- Premature rupture of the membranes (prolonged > 18 hours)
- Precipitous labor (less than 3 hours)
- Prolonged labor (greater than 20 hours)
- None of the above
- Unknown

**60. CHARACTERISTICS OF LABOR AND DELIVERY (Check all that apply)**

- Induction of labor
- Augmentation of labor
- Non-vertex presentation
- Steroids (glucocorticoids) for fetal lung maturation received by the mother prior to delivery  Partial  Complete
- Antibiotics received by mother during labor
- Clinical chorioamnionitis diagnosed during labor or maternal temperature is >38 C (100.4 F)
- Moderate/heavy meconium staining of the amniotic fluid
- Fetal intolerance of labor such that one or more of the following actions was taken: in utero resuscitative measures, further fetal assessment or operative delivery
- Epidural or spinal anesthesia during labor
- None of the above
- Unknown

**61. MATERNAL MORBIDITY (Check all that apply)**

- Maternal transfusion  
Number of units  1  2  3 or more
- Third or fourth degree perineal laceration
- Ruptured uterus
- Unplanned hysterectomy
- Admission to intensive care unit
- Unplanned operating room procedure following delivery
- None of the above
- Unknown

62. Infant's Medical Record # \_\_\_\_\_

63. OB Estimated Gestation (completed weeks) \_\_\_\_\_  Unknown

64a. Apgar score (at 5 min) \_\_\_\_\_  Unknown

64b. Apgar score (at 10 min) \_\_\_\_\_  Unknown

65. Was infant transferred within 24 hours of delivery?  Yes  No  Unknown If yes, where? \_\_\_\_\_

66. Is infant living at time of report?  Yes  No  Unknown

67. Is infant being breast fed, even partially?  Yes  No  Unknown

68a. Weight Unit  Grams  Pounds  Unknown

68b. Weight Grams \_\_\_\_\_ Pounds \_\_\_\_\_ Ounces \_\_\_\_\_  Unknown





**69. ABNORMAL CONDITIONS OF THE NEWBORN (Check all that apply)**

- Assisted ventilation required immediately following delivery
- Assisted ventilation required for more than six hours
- NICU admission
- Newborn given surfactant replacement therapy
- Culture Positive Postnatal (Blood, CSF or other sources)
- Antibiotics received by newborn for suspected neonatal sepsis
- Seizure or serious neurologic dysfunction
- Significant birth injury (skeletal fracture(s), peripheral nerve injury, and/or soft tissue/solid organ hemorrhage requiring intervention)
- None of the above
- Unknown

**70. CONGENITAL ANAMOLIES OF THE NEWBORN (Check all that apply)**

- Anencephaly
- Microcephaly
- Meningocele/Spina bifida
- Cleft lip with cleft palate  Cleft lip alone  Cleft palate alone
- Craniofacial anomalies
- Cyanotic congenital heart disease
- Congenital diaphragmatic hernia
- Omphalocele
- Gastroschisis
- Limb reduction defect (not congenital amputation/dwarfing syndromes)
- Down Syndrome (Karyotype  Confirmed  Pending)
- Syndromes associated with hearing loss (neurofibromatosis, osteopetrosis, Usher, Waardneburg, Alport, Pendred, and Jervell and Lange-Nielson)
- Suspected chromosomal disorder (Karyotype  Confirmed  Pending)
- Hypospadias
- None of the above
- Other (specify) \_\_\_\_\_

**71. OTHER EXPOSURES/CONDITIONS PRESENT IN UTERO OR POSTNATAL (Check all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Caregiver concern related to hearing loss   | <input type="checkbox"/> Fetal Growth Restriction (IUGR)                    | <input type="checkbox"/> Neonatal intensive care of > 5 days            |
| <input type="checkbox"/> Congenital Hypothyroidism   | <input type="checkbox"/> Head Trauma  | <input type="checkbox"/> Neurodegenerative disorders                    |
| <input type="checkbox"/> Drug Withdrawal Syndrome in Newborn   | <input type="checkbox"/> History of Positive Drug Screen (newborn)          | <input type="checkbox"/> Neuromuscular Disorder                         |
| <input type="checkbox"/> Drug Use/Abuse/Withdrawal Syndrome in Mother  | <input type="checkbox"/> HIV Present in Infant                              | <input type="checkbox"/> Neonatal jaundice d/t hepatocellular damage    |
| <input type="checkbox"/> Encephalitis  | <input type="checkbox"/> Hydrocephaly                                       | <input type="checkbox"/> Stage III necrotizing enterocolitis in newborn |
| <input type="checkbox"/> Exposure to ototoxic medications or loop diuretics                                      | <input type="checkbox"/> Hyperbilirubinemia requiring exchange transfusion  | <input type="checkbox"/> None of the above                              |
| <input type="checkbox"/> Extracorporeal Membrane Oxygenation (ECMO) or Assisted Mechanical Ventilation >48 hours | <input type="checkbox"/> Intraventricular Hemorrhage (IVH), Grade III or IV | <input type="checkbox"/> Other (specify) _____                          |

**72. HEPATITIS VACCINATION**

- |   |   |
|---|---|
| a. Did the infant receive Hepatitis B vaccine? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Refused | e. Hepatitis B vaccine Date _____       |
| b. If infant received Hepatitis B vaccine, number of hours after birth _____  | f. Hepatitis B vaccine Lot Number _____ |
| c. Did the infant receive Hepatitis B Immune Globulin (HBIG)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown                   | g. HBIG Lot Number _____                |
| d. If infant received HBIG, number of hours after birth _____   |   |

**73. NEWBORN SCREENING**

- a. Was a metabolic screening performed for this infant?  Yes  No – Missed (transferred)  No – Parent refusal  No – Other \_\_\_\_\_  Unknown
- b. Newborn Metabolic screening number \_\_\_\_\_
- c. Was Hearing Screening performed for this infant?  Yes  Unable to screen in NICU  No - Missed (transfer)  No - missed (equipment down)  No - parent refusal  No - Missed (Other reason) \_\_\_\_\_  Unknown
- d. Final Hearing Screening Completed Date \_\_\_/\_\_\_/\_\_\_ (mm/dd/yyyy)  Unknown
- e. Final Hearing Screening Right Ear Result  Pass  Refer  Unknown  Unable to test
- f. Final Hearing Screening Left Ear Result  Pass  Refer  Unknown  Unable to test
- g. Family History of Permanent childhood hearing loss?  Yes  No  Unknown
- h. Final Newborn Hearing Test Type (select one)  AABR  AOAE  AABR and AOAE

<b>74. INFORMANT'S NAME (FIRST MIDDLE LAST)</b>	<b>75. RELATION TO CHILD</b>	<b>76. PARENTS AUTHORIZE RELEASE OF INFORMATION TO SOCIAL SECURITY ADMINISTRATION TO ISSUE THIS CHILD A SOCIAL SECURITY NUMBER.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>77. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE (Signature)</b>	<b>78. DATE CERTIFIED (mm/dd/yyyy)</b>	<b>79. ATTENDANT AT BIRTH (OTHER THAN CERTIFIER (Name and Title))</b> <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Hospital Staff <input type="checkbox"/> CMN/CM <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other
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<b>80. CERTIFIER (Name and Title)</b> <input type="checkbox"/> Certifier same as Attendant <input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Hospital Staff <input type="checkbox"/> CMN/CM <input type="checkbox"/> Other Midwife <input type="checkbox"/> Other	<b>81. PHYSICIAN'S MEDICAL LICENSE NO.</b>	<b>82. CERTIFIER'S MAILING ADDRESS (street, city, state, zip)</b>
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<b>83. REGISTRAR (Signature)</b>	<b>84. DATE RECEIVED BY STATE REGISTRAR (mm/dd/yyyy)</b>
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NEWBORN - MEDICAL

CERTIFIER



# **INSTRUCTIONS FOR UNMARRIED PARENTS ONLY**

## **Completing the Paternity Acknowledgement Form**

This form must be completed in **BLACK** or **BLUE** unfading ink. NO cross-outs and NO correction fluid (Wite-Out®) are allowed when completing the Paternity Acknowledgement form.

### **Parents' Responsibilities:**

- Both parents must sign the Paternity Acknowledgement (PA) form.
- Both parents must present valid picture identification (ID) cards that are not expired.
- A picture identification card without an expiration date may be accepted.

### **Notary services are provided as a courtesy at no cost to parents, Monday - Friday, 8:00 AM to 3:30 PM.**

- Piedmont Athens Regional at (706) 475-4148
- Piedmont Atlanta Hospital at (404) 605-3604 or (404) 605-2580
- Piedmont Columbus Regional at (706) 660-2739
- Piedmont Fayette Hospital at (770) 719-7048
- Piedmont Henry Hospital at (678) 604-5073
- Piedmont Mountainside Hospital at (706) 299-5566
- Piedmont Newnan Hospital at (770) 400-4174
- Piedmont Newton Hospital at (770) 385-4274
- Piedmont Rockdale Hospital at (770) 918-3384
- Piedmont Walton Hospital at (770) 267-1885

**PARENTS, PLEASE READ CAREFULLY.** If the mother is not married to the father, the baby will receive the mother's last name. In order to use the father's last name or his information, a PA form must be completed and notarized. The PA form is included in this packet of information. Please see page 4. For the parents' convenience, the PA form may be completed and notarized during the hospital stay. There is a mandatory deadline for hospitals to submit the birth registration to the State. Therefore, parents are strongly encouraged to complete and submit the birth certificate worksheet and PA form to the Vital Records Specialist before discharge. If the mom is discharged over the weekend, both parents may bring the PA form to the Health Information Management Department no later than 3:30 PM the following Monday to be notarized by the Vital Records Specialist at no cost. However, if parents do not return to the Hospital, their other option is to complete the PA form, get it notarized by any bonded Notary, and then mail or hand deliver the form to the State Office of Vital Records, 1680 Phoenix Boulevard, Suite 100, Atlanta, GA 30349. At this time, the birth certificate will be amended to include the father's information. Parents have 1 full year to submit the PA form to the State.

### **As a courtesy to our patients, the Hospital's Vital Records Specialist provides notary services at no cost to parents Monday through Friday from 8:00 AM to 3:30 PM.**

A valid photo ID is considered an appropriate form of identification, for example, driver's license or state ID. Both parents must show a picture ID such as a driver's license or state ID. If a driver's license is presented, please document the state, license number, and expiration date on the Paternity Acknowledgement form. If an expiration date is on the ID card, it must be current.

It is important to remember that PATERNITY ACKNOWLEDGEMENT is a **voluntary** program. Federal Law mandates that both parents must provide a **Social Security number** in order to participate in this program. If the parents are from another country and do not have a Social Security number, it is acceptable to write the number "8" in the Social Security number field. Please do not leave this field blank.

At the time the Paternity Acknowledgement form is completed, the Vital Records Specialist should provide both parents with a notarized copy, if requested. For future copies, parents are required to obtain copies from the State Office of Vital Records, 1680 Phoenix Boulevard, Suite 100, Atlanta, GA 30349, office number (404) 679-3640. Any change to the baby's legal name after the Paternity Acknowledgement has been submitted to the State will require a court order.

**The Paternity Acknowledgement Affidavit must be completed and duly notarized pursuant to DHHR, Section 290-1-1-1. Hospitals must submit the birth registration to the State within 5 days of the baby's birth.** Day one starts as soon as the baby is delivered.





# PATERNITY ACKNOWLEDGEMENT • FORM 3940 (REVISED 03/2018)

Please Note: There is a \$10.00 processing fee for this form, if the request is submitted after one year. If this request is being mailed, please forward this completed form with a U.S. Money Order or certified check for the correct amount made payable to the State Office of Vital Records. A valid copy of your Photo ID must accompany this request. Please do not send cash by mail.

**PLEASE PRINT OR TYPE ALL INFORMATION LEGIBLY AND CORRECTLY BELOW AND SEE INSTRUCTIONS ON BACK.**

## Section 1: CHILD/PARENT'S INFORMATION

STATE FILE NUMBER	FACILITY
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**Please Note: Do not use this form if the mother was married to anyone within 10 months prior to the birth of this child or if, for any reason, there is another father of this child listed on the child's birth certificate.**

FATHER'S FIRST NAME AT BIRTH	FATHER'S MIDDLE NAME AT BIRTH	FATHER'S LEGAL LAST NAME	GENERATION (JR., II, III, ETC.)
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**The father acknowledges that he is the biological (natural) father of the child born to**

MOTHER'S FIRST NAME AT BIRTH	MOTHER'S MIDDLE NAME AT BIRTH	MOTHER'S LAST NAME AT BIRTH
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**We are requesting that the name of the biological father be placed on the birth certificate and that the child be named:**

CHILD'S FIRST NAME	CHILD'S MIDDLE NAME	CHILD'S LAST NAME	GENERATION (JR., II, III, ETC.)
CHILD'S SEX (FEMALE OR MALE)	CHILD'S DATE OF BIRTH & COUNTY	IDENTIFY IF THERE WAS A FETAL DEATH OR STILLBIRTH	

## Section 2: PARENT'S INFORMATION

<b>MOTHER'S INFORMATION: ADDRESS (STREET NAME &amp; NUMBER, CITY, STATE, &amp; ZIP CODE)</b>	
DATE & PLACE OF BIRTH (STATE IN U.S. OR COUNTRY IF NOT U.S.)	SOCIAL SECURITY NUMBER
EMPLOYER	ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE)
<b>FATHER'S INFORMATION: ADDRESS (STREET NAME &amp; NUMBER, CITY, STATE, &amp; ZIP CODE)</b>	
DATE & PLACE OF BIRTH (STATE IN U.S. OR COUNTRY IF NOT U.S.)	SOCIAL SECURITY NUMBER
EMPLOYER	ADDRESS (STREET NAME & NUMBER, CITY, STATE, & ZIP CODE)

## Section 3: NOTARY PUBLIC

I understand that either parent may withdraw this paternity acknowledgement, without penalty, within 60 days from the date of his/her signature. I have been informed of my rights and responsibilities as explained on the reverse side of this form.

**Note: By signing this document, you are stating that you read and understood all of its provisions, including those printed on the reverse side of this document, and that the facts stated on this document are true. Pursuant to O.C.G.A. § 31-10-31, anyone making a false statement on this document may go to prison for up to five years and fined up to \$10,000. Photo ID is required of all individuals signing this document.**

MOTHER'S SIGNATURE	FATHER'S SIGNATURE
PARENT'S SIGNATURE (IF MOTHER IS A MINOR UNDER AGE 18, A PARENT MUST ALSO SIGN.)	PARENT'S SIGNATURE (IF FATHER IS A MINOR UNDER AGE 18, A PARENT MUST ALSO SIGN.)
ACKNOWLEDGED TO BE TRUE BEFORE ME ON (NOTARY'S SIGNATURE & DATE):	ACKNOWLEDGED TO BE TRUE BEFORE ME ON (NOTARY'S SIGNATURE & DATE):
MY TERM EXPIRES ON (DATE):	MY TERM EXPIRES ON (DATE):
IDENTIFICATION TYPE & NO. PRESENTED BY MOTHER	IDENTIFICATION TYPE & NO. PRESENTED BY FATHER
PLEASE PLACE THE NOTARY SEAL BELOW.	PLEASE PLACE THE NOTARY SEAL BELOW.



## **PURPOSE**

The Paternity Acknowledgement (PA) is a document which is used to add a biological (natural) father to a child's birth record.

## **RESTRICTIONS**

A PA cannot be used if the mother of the child was married to anyone within 10 months prior to the birth of this child or, if for any other reason, there is another father listed on this child's birth certificate. If the mother was married during this time frame, or if another father is listed on the birth record, court action will be necessary to establish paternity, amend the birth record, and establish legitimation.

## **PATERNITY ACKNOWLEDGEMENT**

Once filed with the State Office of Vital Records, the PA helps establish the father and child relationship. It is a voluntary agreement between the mother and the biological father to add the father's name to the birth record. The child's name can also be changed within the first year of birth if agreed upon by both the mother and father.

## **MINOR PARENT**

An unwed parent under the age of 18 may sign the PA form without parental consent if:

1. He/she is on active duty with the military.
2. Emancipation has been granted by a court order.

## **RESCISSION**

Either the mother or biological father has 60 days from the date of his/her signature to request to rescind this PA. After the 60 day rescission period has ended, this signed document may constitute a legal determination of paternity and can only be challenged in a court of law on the basis of fraud, duress, or material mistake of fact, with the burden of proof on the person challenging the acknowledgement.

## **RIGHTS & RESPONSIBILITIES**

1. Signing the PA is strictly voluntary.
2. The mother should not sign the PA unless she is confident that the father signing is the biological father of this child.
3. The father should not sign the PA unless he is confident that he is the biological father of this child.
4. By signing this document, it will be presumed by law that the male signer is the biological father of this child, and the child's birth certificate will reflect this fact.
5. Any change made to the birth record in the future regarding the child's information, mother's information, or father's information will require a court order.
6. The PA must be notarized and filed with the State Office of Vital Records within 30 days of execution.
7. Each parent is entitled to a copy of the PA after it has been signed and notarized.

## **FILING INSTRUCTIONS**

The PA, once completed and signed in the presence of a notary public, will be forwarded to the State Office of Vital Records where it will be entered into the State Putative Father Registry and considered a Vital Record. If both parents do not sign a PA before leaving the hospital or birthing facility, only the mother's name and child's name will be entered on the birth certificate. The PA may be signed before a notary at a later date and mailed to the State Office of Vital Records. Upon receipt of an acceptable PA form, the certificate of birth will be amended to enter the name of the father and change the child's name, if requested. For information on how to rescind a signed PA, contact either the State Office or a local County Vital Records Office.

**Notice:** Establishment of paternity does not entitle the father to custody, visitation or rights of inheritance from or to a child. Those rights must be established by the filing of a petition for legitimation with the court.