

# Birth Certificate packet



## Congratulations on your baby!

Touro Birth Certificate Coordinators are here to help you file important paperwork with the Office of Vital Records to receive your baby's birth certificate and Social Security card. **A Birth Certificate Coordinator will call your hospital room phone or stop by your room with more information.**

Get a head start on your paperwork and complete the Birth Certificate Worksheet and Acknowledgment of Paternity (AOP) Worksheet if unmarried and wish to include father on the birth certificate. The AOP form is needed to establish paternity for unmarried parents or to establish paternity outside of marriage. Both parents will need to sign a separate form generated from the information you provide.

Paperwork should be completed prior to discharge and given to a Birth Certificate Coordinator or nurse. **Do not take worksheets home.**



**Touro Birth Certificate Office** Family Birthing Center  
Main hospital-2nd Floor-Room M270B

Office Hours: Monday - Friday, 8:00 a.m.–4:00 p.m.

**PHONE:** 504.897.7110 or dial 7110 from hospital room phone

**EMAIL:** TI-BirthCert@LCMChealth.org

**Family Birthing Center website**



### Office of Vital Records

1450 Poydras St., Suite 400  
New Orleans, LA 70112  
504.593.5100  
[ldh.la.gov/index.cfm/subhome/21](http://ldh.la.gov/index.cfm/subhome/21)



### Social Security Office

400 Poydras St., Suite 500  
New Orleans, LA 70112  
1.800.772.1213  
[ssa.gov](http://ssa.gov)



### Louisiana Paternity Establishment Program

866.430.9569  
[la-paternity.com](http://la-paternity.com)



# Establishing paternity – what a difference a dad makes!

**Louisiana Paternity Establishment Program**  
866.430.9569  
[la-paternity.com](http://la-paternity.com)

**LDH – State Registrar and Vital Records:**  
504.593.5100  
[ldh.la.gov/index.cfm/page/681](http://ldh.la.gov/index.cfm/page/681)

The Acknowledgment of Paternity (AOP) Affidavit is a legal document to establish paternity for the biological father of the child. This form is necessary to establish paternity for unmarried parents or parents wishing to establish paternity outside of marriage. The Hospital Birth Certificate Coordinator can help you file this form with the LDH - Office of Vital Records at no cost to you (genetic testing costs are the responsibility of the parents).

If you choose not to complete the AOP in the hospital, you may file an Acknowledgment of Paternity directly with the Louisiana Department of Health – Office of Vital Records and Statistics. There will be a fee for processing.

If either of you is not sure who is the biological father of this child, you should not sign this form. You should have a genetic test.

Any person signing an Acknowledgment of Paternity may, without cause, revoke their acknowledgment within 60-days of executing (signing) a form. The person must complete a Revocation of Acknowledgment of Paternity Affidavit and file it with Vital Records within the 60-day period. Call Office of Vitals record 504.593.5122 or visit website [ldh.la.gov/index.cfm/page/681](http://ldh.la.gov/index.cfm/page/681)

## **Acknowledgment of paternity – child born outside of marriage (unmarried parents)**

This Acknowledgment of Paternity Affidavit is used to add the biological father to a child's birth certificate if the mother was not married at the time of birth or within 300 days of the birth.

- Fill out sections I, II, III, and IV (if Father is under 18) on the “Acknowledgment of Paternity Worksheet”
- Mother, father, and father's guardian (if under 18) must sign the AOP and present a valid picture ID or passport.

Learn more about **establishing paternity in Louisiana** by reading below information below, speaking with your Birth Certificate Coordinator and visiting the following websites.

## **Acknowledgment of paternity – child born of marriage (biological father is different than husband)**

This Acknowledgment of Paternity Affidavit is used to add the biological father to a child's birth certificate if the mother was married to someone other than the biological father at the time of the child's birth or if she had not been divorced at least 300 days prior to the child's birth.

- Fill out sections I, II, III, and V on the “Acknowledgment of Paternity Worksheet.”
- This form requires the notarized signatures of the mother, the husband/ex-husband, and the biological father.
- Mother, father, and husband/ex-husband must sign the AOP and present a valid picture ID or passport.
- In order for this form to be accepted, it must accompany a DNA-based paternity test identifying the father with at least a 99.9% probability from a DNA testing laboratory. This needs to be a legal notarized DNA test. Contact Child Support Enforcement Services for lab locations. 1.888.LAHELP.U (1.888.524.3578).

## **If father is under 18 years of age.**

If the father is under 18 years of age at the time the baby is born, then his legal guardian or custodial parent must also sign the AOP Affidavit. If minor father's parents are not divorced, then either may sign the AOP.

- The minor father must provide a copy of his birth certificate.
- The custodial parent or guardian must provide a valid ID.
- Proof of guardianship or custody will be required.





# BIRTH CERTIFICATE WORKSHEET

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PATIENT INFORMATION

PLACE PATIENT'S LABEL HERE

- Please complete ALL blanks.
- A Birth Certificate Coordinator will meet with you the morning after your baby is born. Please have worksheet completed.
- The Birth Certificate Office is closed on Weekends and Holidays. **If we are unable to meet with you prior to discharge, please leave completed packet with nurse** and our office will contact you after discharge.
- Both Mother and Father / Parent are required to have a valid ID, Driver's License or Passport.
- Only unmarried parents wishing to include the baby's father on the birth certificate must complete the "Acknowledgment of Paternity Worksheet" (last page of packet). Biological father must be present to sign additional documents.

SECTION I. CHILD'S INFORMATION	
Child's Last Name:	Child's First Name:
Child's Middle Name:	Child's Suffix (Jr., Sr., II, III, etc.)
Child's Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (mm/dd/yyyy) ____/____/____
Place of Baby's Birth: <input type="checkbox"/> TOURO <input type="checkbox"/> In route to hospital (in ambulance, etc.) <input type="checkbox"/> Outside of hospital (at home, etc.)	
Do you want a social security number for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you want to enroll your child in immunization reminder system? <input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION II. MOTHER'S INFORMATION	
Mother's <b>CURRENT</b> Legal Name:	
Mother's Current Last Name:	Mother's Current First Name:
Mother's Current Middle / Second Name:	Mother's Current Suffix (Jr., Sr., II, III, etc.)
Mother's name <b>PRIOR</b> to first marriage ( <b>MAIDEN NAME</b> ) <input type="checkbox"/> Check if same as current legal name	
Mother's Maiden Last Name:	Mother's Maiden First Name:
Mother's Maiden Middle Name:	Mother's Maiden Suffix (Jr., Sr., II, III, Etc.)
Date of Birth (mm/dd/yyyy) ____/____/____	Social Security Number: <input type="checkbox"/> Mother does not have SS# ____ - ____ - ____
Mother's Email:	Mother's Cell Phone: ( ) Mother's Home Phone: ( )
<b>Mother's Place of Birth:</b> (Location of hospital, if born in a hospital)	
Country: _____ State/Department: _____ City/Town: _____	
<b>Mother's Current Residence:</b>	
Address: _____ Apt. # _____ State: _____	
Parish/County: _____ City: _____ Zip: _____	
<b>Mother's Mailing Address:</b> <input type="checkbox"/> Same as current residence	
Address: _____ Apt. # _____ State: _____	
Parish/County: _____ City: _____ Zip: _____	

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## BIRTH CERTIFICATE WORKSHEET

LC-T19400-E | (06/19, 05/21, 12/22, 05/25) Revised



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## SECTION II. MOTHER'S INFORMATION - CONTINUED

### Marriage / Divorce Information:

Has mother ever been married (currently married or previously married)?

- Yes, enter date married: \_\_\_\_\_  
 No (To add the biological father to the birth certificate, please complete the "Acknowledgment of Paternity Worksheet")

Is mother divorced?

- Yes, enter date divorce was legally finalized: \_\_\_\_\_  
 No

If married at the time of conception (within 300 days of birth of child), Is the biological father different from husband / ex-husband?

- Yes (To add the biological father to the birth certificate, please complete the "Acknowledgment of Paternity Worksheet")  
 No

### Mother's Education:

Check the box that best describes the highest degree or level of school completed at the time of delivery:

- 8<sup>th</sup> grade or less  
 9<sup>th</sup> – 12<sup>th</sup> grade, no diploma  
 High School graduate or GED  
 Some college credit but no degree  
 Associate Degree (e.g. AA, AS)  
 Bachelor's Degree (e.g. BA, AB, BS)  
 Master's Degree (e.g. MA, MS, MEng, MED, MSW, MBA)  
 Doctorate (e.g. PhD, EdD) or Professional Degree (e.g. MD, DDS, DVM, LLB, JD)

### Is 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:

- No, not Spanish/Hispanic/Latina  
 Yes, Mexican, Mexican American, Chicana  
 Yes, Puerto Rican  
 Yes, Cuban  
 Yes, Other Spanish / Hispanic/ Latina  
 Specify: \_\_\_\_\_

### Mother's Race:

Check one or more races to indicate what the mother considers herself to be:

- White  
 Black / African American  
 American Indian or Alaska Native (name of the enrolled or principal tribe) \_\_\_\_\_  
 Asian Indian  
 Chinese  
 Filipino  
 Japanese  
 Korean  
 Vietnamese  
 Other Asian (Specify): \_\_\_\_\_  
 Native Hawaiian  
 Guamanian or Chamorro  
 Samoan  
 Other Pacific Islander (Specify) \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_

## SECTION III. MOTHER'S MEDICAL

Did mother receive <b>prenatal care</b> ? <i>(Health care from a physician or midwife during pregnancy)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of <b>first</b> prenatal visit: / /	Date of <b>most recent</b> prenatal visit: / /	Total # of prenatal visits:
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Mother's Height: \_\_\_\_\_ ft \_\_\_\_\_ in    Mother's Weight **BEFORE** pregnancy: \_\_\_\_\_ lbs.    Mother's Weight **AT** Delivery: \_\_\_\_\_ lbs.

Is mother breastfeeding at discharge?  Yes  No

Did mother get WIC food for herself during the pregnancy?  Yes  No

### Number of previous live births NOT including this child:

Now living: \_\_\_\_\_  
 Now dead: \_\_\_\_\_ (Born alive, now deceased)  
 Date of last live birth (mm/yyyy) \_\_\_\_ / \_\_\_\_

### Number of other pregnancy outcomes: (spontaneous or induced abortion, stillborn, miscarriage, or ectopic pregnancy)

Number of other outcomes: \_\_\_\_\_  
 Date of last outcome (mm/yyyy) \_\_\_\_ / \_\_\_\_

**Cigarette smoking before or during pregnancy?** For each time period, enter number of cigarettes smoked per day. If none, enter "0".

- Never smoked during pregnancy  
 Three months before pregnancy.....# of cigarettes per day \_\_\_\_\_  
 First three months of pregnancy.....# of cigarettes per day \_\_\_\_\_  
 Second three months of pregnancy.....# of cigarettes per day \_\_\_\_\_  
 Third trimester of pregnancy.....# of cigarettes per day \_\_\_\_\_

All sources of payment for this delivery:

- Medicaid  
 Private Insurance  
 Self-pay  
 CHAMPUS / TRICARE  
 Other (specify): \_\_\_\_\_

Did mother drink alcohol during pregnancy?  Yes  No    If Yes, # drinks per week on average? \_\_\_\_\_

Date of last normal menstrual cycle began (mm/dd/yyyy): \_\_\_\_ / \_\_\_\_ / \_\_\_\_





# BIRTH CERTIFICATE WORKSHEET

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PATIENT INFORMATION

PLACE PATIENT'S LABEL HERE

## SECTION IV. FATHER'S / PARENT'S INFORMATION

Father's / Parent's name **PRIOR** to first marriage:

Father's / Parent's Last Name:

Father's / Parent's First Name:

Father's / Parent's Middle Name:

Father's / Parent's Suffix: (Jr., Sr., II, III, etc.)

Date of Birth (mm/dd/yyyy)

Sex:

Social Security Number:

Father / Parent does not have SS#

Male  Female

Father's / Parent's Email:

Father's / Parent's Cell Phone:

(       )

**Father's / Parent's Place of Birth:** (*Location of hospital, if born in a hospital*)

Country: \_\_\_\_\_

State/Department: \_\_\_\_\_

City/Town: \_\_\_\_\_

### Father's / Parent's Education:

(check the box that best describes the highest degree or level of school completed at the time of delivery)

- 8<sup>th</sup> grade or less
- 9<sup>th</sup> – 12<sup>th</sup> grade, no diploma
- High School graduate or GED
- Some college credit but no degree
- Associate Degree (e.g. AA, AS)
- Bachelor's Degree (e.g. BA, AB, BS)
- Master's Degree (e.g. MA, MS, MEng, MED, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional Degree (e.g. MD, DDS, DVM, LLB, JD)

### Is Father / Parent of Hispanic Origin?

(check the box that best describes whether the father/parent is Spanish / Hispanic / Latino. Check the "No" box if Father/ Parent is not Spanish/ Hispanic/ Latino)

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, Other Spanish / Hispanic / Latino  
Specify: \_\_\_\_\_

### Father's / Parent's Race:

(check one or more races to indicate what the Father / Parent considers himself to be)

- White
- Black / African American
- American Indian or Alaska Native (name of the enrolled or principal tribe) \_\_\_\_\_
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (Specify): \_\_\_\_\_
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (Specify) \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

**NOTE:** All unmarried parents or parents wishing to establish paternity outside of marriage must also complete the separate **"Acknowledgment of Paternity Worksheet"** in order to establish paternity for the biological father. Both mother and father will need to sign additional forms in the presence of a Birth Certificate Associate.

## SECTION V. INFORMANT'S INFORMATION

**I certify that all information provided is true and correct to the best of my knowledge.**

Printed Name of Person Completing Worksheet:

Relationship to Child:

Mother  Father / Parent  Other: \_\_\_\_\_

Mother or Father / Parent signature:

Date:

**X**

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# BIRTH CERTIFICATE WORKSHEET

LC-TI9400-E | (06/19, 05/21, 12/22, 05/25) Revised



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# ACKNOWLEDGMENT OF PATERNITY WORKSHEET

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PATIENT INFORMATION

PLACE PATIENT'S LABEL HERE

**NOTE:** Married parents **DO NOT** complete this form unless you are establishing paternity outside of marriage. Refer to "establish paternity" information sheet or speak with a Birth Certificate Coordinator (504) 897-7110 or ext. 7110 for more details about establishing paternity.

**THIS IS A WORKSHEET ONLY. YOU WILL BE REQUIRED TO REVIEW AND SIGN ADDITIONAL DOCUMENTS GENERATED FROM THIS WORKSHEET.**

## SECTION I. CHILD'S INFORMATION (As it appears on the Birth Certificate Worksheet)

Child's Last Name:	Child's First Name:
Child's Middle Name:	Child's Suffix (Jr., Sr., II, III, etc.)

## SECTION II. MOTHER'S INFORMATION

Mother's Employer's Name: <input type="checkbox"/> Unemployed	Mother's Occupation / Job Title:	Mother's Phone Number: ( )
<b>Mother's Employer's Address:</b> Address: _____ Suite # _____ State: _____ Parish/County: _____ City: _____ Zip: _____		
Does mother have <b>private</b> health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Name of Insurance Company:	Policy Number:

## SECTION III. BIOLOGICAL FATHER'S INFORMATION

<b>Father's Home Address:</b> Address: _____ Apt. # _____ State: _____ Parish/County: _____ City: _____ Zip: _____		
Father's Employer's Name: <input type="checkbox"/> Unemployed	Father's Occupation / Job title:	Father's Phone Number: ( )
<b>Father's Employer's Address:</b> Address: _____ Suite # _____ State: _____ Parish/County: _____ City: _____ Zip: _____		
Does Father have <b>private</b> health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Name of Insurance Company:	Policy Number:

## SECTION IV. FATHER'S GUARDIAN\* (If father is under 18 years of age at time of baby's birth)

Father's Guardian's Last Name:	Father's Guardian First Name:
Father's Guardian's Middle Name:	Father's Guardian's Suffix: (Jr., Sr., II, III, etc.)
<b>Father's Guardian's Address:</b> Address: _____ Apt. # _____ State: _____ Parish/County: _____ City: _____ Zip: _____	

## SECTION V. SPOUSE / EX-SPOUSE (If Mother was married at time of conception (within 300 days))

Spouse / Spouse's Last Name:	Spouse / Ex-Spouse's First Name:
Spouse / Ex-Spouse's Middle Name	Spouse / Ex-Spouse's Suffix: (Jr., Sr., II, III, etc.)
<b>Spouse's Address:</b> Address: _____ Apt. # _____ State: _____ Parish/County: _____ City: _____ Zip: _____	

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