

# Birth Certificate packet



## Congratulations on your baby!

East Jefferson General Hospital 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) Form. The AOP form is needed to establish paternity for unmarried parents or to establish paternity outside of marriage.

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



### East Jefferson General Hospital Birth Certificate Office

4th Floor  
Monday-Friday  
8 am–4 pm (Appointments are required)  
504.503.5031



### Women and newborn 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% 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 must also sign the AOP Affidavit.

- The father's legal guardian must have a valid ID or passport.
- The father must have a copy of his birth certificate.
- If the father's father is listed on the birth certificate, then he is considered the legal guardian.
- The father's mother can act as legal guardian if no father is listed on the birth certificate or she has sole legal custody. A court order signed by a judge that shows sole custody for mother may be required.



|  |   |  |
|--|---|--|
|  | <h2 style="margin: 0;">BIRTH CERTIFICATE WORKSHEET</h2> <p style="margin: 0;">PAGE 1 OF 3</p> | <p style="margin: 0; font-size: small;">PATIENT INFORMATION</p> <p style="margin: 10px 0 0 40px; font-size: x-small;">PLACE PATIENT'S LABEL HERE</p> |
|--|---|--|

- 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 Sunday 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.
- All unmarried parents or parents wishing to establish paternity outside of marriage must complete the separate **"Acknowledgment of Paternity Worksheet"** in order to establish paternity for the biological father.

| 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"/> East Jefferson <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.)  |                                 |
| Social Security Number: <input type="checkbox"/> Mother does not have SS#<br>____ - ____ - ____  | Date of Birth (mm/dd/yyyy)<br>____/____/____      |                                 |
| Mother's Email:  | Mother's Cell Phone:<br>(     )                   | Mother's Home Phone:<br>(     ) |
| <b>Mother's Place of Birth:</b> (Location of hospital, if born in a hospital)  |   |                                 |
| Country: _____ State: _____ City: _____  |   |                                 |
| <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: _____  |   |                                 |

ENCOUNTER LEVEL

## BIRTH CERTIFICATE WORKSHEET

LC-EJ9402-E | (11/25) New



**\*EL118\***

# BIRTH CERTIFICATE WORKSHEET

PAGE 2 OF 3

PATIENT INFORMATION

PLACE PATIENT'S LABEL HERE

## 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 **prenatal care**?  
(Health care from a physician or midwife during pregnancy) ☐ Yes ☐ No

Date of **first** prenatal visit:

/ /

Date of **most recent** prenatal visit:

/ /

Total # of prenatal visits:

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

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): \_\_\_\_/\_\_\_\_/\_\_\_\_

### Number of previous live births:

Now living: \_\_\_\_\_(NOT including this child)

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  
**Medicaid Number (13 or 16 Digit)** \_\_\_\_\_

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


ENCOUNTER LEVEL

**BIRTH CERTIFICATE WORKSHEET**

LC-EJ9402-E | (11/25) New




\*EL118\*

|  |   |  |
|--|---|--|
|  | <h2 style="margin: 0;">BIRTH CERTIFICATE WORKSHEET</h2> <p style="margin: 0;">PAGE 3 OF 3</p> | <p style="margin: 0; font-size: small;">PATIENT INFORMATION</p> <p style="margin: 10px 0 0 40px; font-size: x-small;">PLACE PATIENT'S LABEL HERE</p> |
|--|---|--|

|   |  |  |
|---|--|--|
| <b>SECTION IV. FATHER'S / PARENT'S INFORMATION</b>  |  |  |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female  |  |  |
| Father's / Parent's name <b>PRIOR</b> 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.)  |  |
| Social Security Number: <input type="checkbox"/> Father / Parent does not have SS#<br>_____ - _____ - _____   | Date of Birth (mm/dd/yyyy)<br>____/____/____   |  |
| Father's / Parent's Email:  | Father's / Parent's Cell Phone:<br>(       )   |  |
| <b>Father's / Parent's Place of Birth:</b> ( <i>Location of hospital, if born in a hospital</i> )<br>Country: _____ State: _____ City: _____  |  |  |
| <b>Father's / Parent's Education:</b><br>(check the box that best describes the highest degree or level of school completed at the time of delivery)<br><input type="checkbox"/> 8 <sup>th</sup> grade or less<br><input type="checkbox"/> 9 <sup>th</sup> – 12 <sup>th</sup> grade, no diploma<br><input type="checkbox"/> High School graduate or GED<br><input type="checkbox"/> Some college credit but no degree<br><input type="checkbox"/> Associate Degree (e.g. AA, AS)<br><input type="checkbox"/> Bachelor's Degree (e.g. BA, AB, BS)<br><input type="checkbox"/> Master's Degree (e.g. MA, MS, MEng, MED, MSW, MBA)<br><input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional Degree (e.g. MD, DDS, DVM, LLB, JD) | <b>Is Father / Parent of Hispanic Origin?</b><br>(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)<br><input type="checkbox"/> No, not Spanish/Hispanic/Latino<br><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano<br><input type="checkbox"/> Yes, Puerto Rican<br><input type="checkbox"/> Yes, Cuban<br><input type="checkbox"/> Yes, Other Spanish / Hispanic / Latino<br>Specify: _____ | <b>Father's / Parent's Race:</b><br>(check one or more races to indicate what the Father / Parent considers himself to be)<br><input type="checkbox"/> White<br><input type="checkbox"/> Black / African American<br><input type="checkbox"/> American Indian or Alaska Native (name of the enrolled or principal tribe) _____<br><input type="checkbox"/> Asian Indian<br><input type="checkbox"/> Chinese<br><input type="checkbox"/> Filipino<br><input type="checkbox"/> Japanese<br><input type="checkbox"/> Korean<br><input type="checkbox"/> Vietnamese<br><input type="checkbox"/> Other Asian (Specify): _____<br><input type="checkbox"/> Native Hawaiian<br><input type="checkbox"/> Guamanian or Chamorro<br><input type="checkbox"/> Samoan<br><input type="checkbox"/> Other Pacific Islander (Specify) _____<br><input type="checkbox"/> Other (Specify) _____ |
| <b><i>I, the undersigned, certify that the above stated information is true and correct to the best of my knowledge</i></b>   |  |  |
| Printed Name of Person Completing Worksheet:  | Relationship to Child:<br><input type="checkbox"/> Mother <input type="checkbox"/> Father / Parent <input type="checkbox"/> Other: _____   |  |
| Mother or Father / Parent signature:<br><b>X</b>  | Date:  |  |

**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.

|  |   |  |
|--|---|--|
|  | <h2 style="margin: 0;">ACKNOWLEDGMENT OF PATERNITY WORKSHEET</h2> <p style="margin: 0;">PAGE 1 OF 1</p> | <p style="margin: 0; font-size: small;">PATIENT INFORMATION</p> <p style="margin: 10px 0 0 40px; font-size: x-small;">PLACE PATIENT'S LABEL HERE</p> |
|--|---|--|

**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) 503-5031 for more details about establishing paternity.

|   |  |                |
|---|--|----------------|
| <b>SECTION I. CHILD'S INFORMATION</b> (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.)                 |                |
| <b>SECTION II. MOTHER'S INFORMATION</b>   |  |                |
| Mother's Employer's Name: <input type="checkbox"/> Currently Unemployed   | Mother's Occupation / Job Title:                         |                |
| <b>Mother's Employer's Address:</b><br>Address: _____ Suite # _____ State: _____<br>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: |
| <b>SECTION III. BIOLOGICAL FATHER'S INFORMATION</b>   |  |                |
| <b>Father's Home Address:</b><br>Address: _____ Apt. # _____ State: _____<br>Parish/County: _____ City: _____ Zip: _____        |  |                |
| Father's Employer's Name: <input type="checkbox"/> Currently Unemployed   | Father's Occupation / Job title:                         |                |
| <b>Father's Employer's Address:</b><br>Address: _____ Suite # _____ State: _____<br>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: |
| <b>SECTION IV. FATHER'S GUARDIAN* (If father is under 18 years of age at time of baby's birth)</b>                              |  |                |
| 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><br>Address: _____ Apt. # _____ State: _____<br>Parish/County: _____ City: _____ Zip: _____  |  |                |
| <b>SECTION V. HUSBAND / EX-HUSBAND (If Mother was married at time of conception (within 300 days))</b>                          |  |                |
| Husband / Ex-Husband's Last Name:   | Husband / Ex-Husband's First Name:                       |                |
| Husband / Ex-Husband's Middle Name  | Husband / Ex-Husband's Suffix: (Jr., Sr., II, III, etc.) |                |
| <b>Husband's Address:</b><br>Address: _____ Apt. # _____ State: _____<br>Parish/County: _____ City: _____ Zip: _____            |  |                |

