

Important Information About Your Child's Birth Certificate

Patient Access is responsible for completion of your child's birth certificate. Attached is a copy of a packet of questions that are used to complete your child's birth certificate. Please complete this information entirely and return to our office prior to the delivery of your child (see attached envelope if being mailed). **Completion of this form allows the birth certificate process to be completed in a timely fashion.**

Our office hours are 7:00 am to 7:00 pm Monday through Friday and 7:00am to 6:00 pm Saturday and Sunday. If you deliver Monday through Friday (excluding holidays), we will contact you by the next morning to obtain information to complete the birth certificate. If you deliver on the weekend or holiday and you are discharged before the birth certificate can be completed, please call us within two working days to complete the birth certificate process. We try to be considerate of our new mothers and therefore we ask that you call at your earliest convenience in order to minimize disruption of your schedule. However, if we do not hear from you within two days, we will call you.

If parents of the child are not married to each other

If the mother is not married to the father of her child at the time she enters the hospital to have her child, **the child must have the same last name as the mother's while the baby is in the hospital.** In addition, if the father of the child would like to claim paternity of the child, **the father must be present and have a valid ID**, then a paternity affidavit may be signed for the following circumstances:

- Mother is not presently married and has never been married – the parents may sign a paternity affidavit so the biological father of the child can claim paternity of the child.
- Mother was married but is now divorced – a special affidavit may be signed by the parents so the biological father can claim paternity depending on special circumstances (Please call for more specific information).
- Parents of the child are not married and the biological father is a minor – a special affidavit may be signed that allows the biological father to claim paternity and allows the parents of the biological father to give permission for the biological father to claim paternity. The biological father's father and/or mother must be present to sign the paternity.

If you have questions about establishing paternity or paternity genetic testing, feel free to call the Louisiana Paternity Establishment Program at **1-866-430-9569**.

All the aforementioned affidavits can only be completed after the birth of your child. If a paternity affidavit is not completed the birth certificate will have to be completed with mother's information only prior to discharge. If you have any questions before the birth of your child or if you need more information, please call **985-537-6841** or **985-537-8347**.

Ochsner St. Anne General Hospital, a part of Ochsner Bayou L.L.C.

4608 Highway 1 ☎ Raceland, LA 70394 ☎ phone 985-537-8377 ☎ fax 985-537-8272

Ochsner St Anne Birth Certificate Worksheet

Please Print Legibly

Section I. Child's Information

Last Name of Child	First Name	Middle Name	Suffix
Do you want a Social Security Number for this child? (Please Circle) Yes No	If requesting a Social Security Number, please sign here to authorize the state or Louisiana to provide the Social Security Administration with the information from this form		
Do you want to enroll your child in an Immunization Reminder Program? (Please Circle) Yes No	Please sign here if you are choosing to enroll your child in the Immunization Reminder Program		

Section II. Mother's Information

Current Legal Name (Last, First, Middle)		Full Name prior to FIRST marriage (Last, First, Middle)		Date of Birth	
Social Security Number	Marital Status	Place of Birth (City, State, & Country)	Mother's Phone Number		
Mother's Residence Address		City AND Parish	State	Zip Code	Physical Address within city limits? Yes No
Mailing Address same as physical? Yes No	IF NO: Mailing Address		City	State	Zip Code
Have you ever been married? Yes No	If divorced or widowed please specify date:	Were you married at the time this child was conceived, at the time of birth, or any time between conception and birth? Yes No			

If not married, will a paternity acknowledgment be completed for this child (Will you and the father sign a Louisiana Paternity Acknowledgment in which the father accepts legal responsibility for this child)? If you are not married, and a paternity acknowledgment will not be completed, information about the father can not be included on the birth certificate. Information about the procedures for adding the father's information to the birth certificate after it has been filed can be obtained from the Vital Statistics Office

(Please Circle)

Yes No

Please check the highest level of schooling completed:

- 8th Grade or less
- 9th through 12th Grade, but no diploma
- High School Graduate, or GED
- Some college credit, but no degree
- Associate Degree (AS, AA)
- Bachelor's Degree (BS, AB, BA)
- Master's Degree (MS, MA, MENG, MED, MSW, MBA)
- Doctorate (PHD, EDD) or Professional Degree (MD, DDS, DVM, LLB, JD)
- Unknown

Mother of Hispanic origin?

Yes No

If Yes, of what nationality?

What is your race? (Please check appropriate box or boxes)

- White Korean Samoan Chinese
- Black or African American Other Asian _____
- American Indian or Pacific Islander
- _____ **(Tribe Specification Required)**
- Filipino Native Hawaiian Other _____
- Japanese Guamanian or Chamorro
- Vietnamese Other Pacific Islander _____

Did the Mother consume alcohol during this pregnancy?

Yes No

Did Mother receive WIC during this pregnancy?

Yes No

How many cigarettes OR packs of cigarettes did Mother smoke on an average day during this pregnancy? If you have NEVER smoked, enter zero for each time period.

	# of cigarettes	# of packs
3 Months before pregnancy	_____	_____
First Trimester	_____	_____
Second Trimester	_____	_____
Third Trimester	_____	_____

Does Father Have Health Insurance? Yes No	If Yes, Name of Insurance Company and Policy Number
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Name of Person Completing Worksheet (Please Print): _____

Signature: _____

Relationship to Child: _____

Date: _____