

# **Birth Registration Application**

**Please read all instructions carefully before beginning.**

## **Including..**

Social Security—mailed to baby in 2-6 weeks

CHET request for information

My Chart Proxy for newborn enrollment

\*\*\*\*\*Voluntary Acknowledgment of Parentage (if applicable)

\*

Our dedicated staff will visit you the morning after the date of birth of your baby to collect this completed paperwork.

## **Birth Certificate purchase options (after 10 days)**

- 1) In person at your local Town/City Clerk office-(Bring ID and \$20)
- 2) By mail--call your local Town/City clerk for instructions.

\*

*We will be happy to address all questions and concerns that you may have at our initial visit, or call (203) 688-2308 any time of day and leave a message.*

\*

**\*\*\*\*\*Voluntary Acknowledgment of Parentage (if applicable) requires a valid Gov't ID.**

## **Answers to commonly asked questions**

**Medical record numbers should not be entered. We label that field for scanning..**

**\***

**A generational ID is also known as a suffix (Jr, III) etc..**

**\***

**Either the pediatric group/practice OR name of Dr. is OK. Both are not necessary..**

**\***

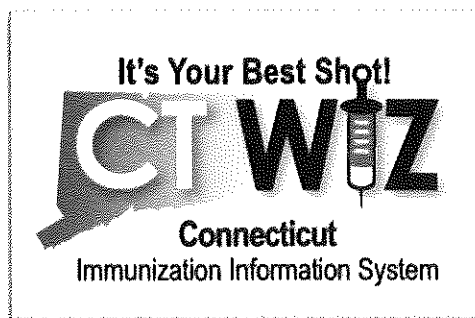
**The emergency contact may be anyone but the Birth parent..**

**\***

**And lastly the informant is either parent's signature..**

# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



As required by law and to protect your child's health, your child's doctor will share immunization information (i.e., "shots" or "vaccines") with the State of Connecticut Department of Public Health (DPH). DPH will store your child's shots in its immunization system called CT WIZ. CT WIZ helps make sure children get shots needed to protect them against dangerous diseases. If your child's shot record is lost or not available, DPH can share it with you and your doctor. You can choose to exclude your child's shot information from CT WIZ by sending a signed written request to the DPH Immunization Program. Immunization systems help prevent and control disease. All information is kept confidential as required by law.

Según lo exige la ley y para proteger la salud de su hijo(a), el médico de su hijo(a) compartirá la información de inmunizaciones ("vacunas") con el Departamento de Salud Pública (DPH) del Estado de CT. DPH almacenará las vacunas de su hijo en su sistema de inmunización llamado CT WIZ. CT WIZ ayuda a asegurar que los niños reciban las vacunas necesarias para protegerlos contra enfermedades peligrosas. Si el registro de vacunas de su hijo se pierde o no está disponible, DPH puede compartirlo con usted y su médico. Usted puede optar por excluir la información de vacunas de su hijo de CT WIZ enviando una solicitud firmada por escrito al Programa de Inmunización de DPH. Los sistemas de inmunización ayudan a prevenir y controlar enfermedades. Toda la información se mantiene confidencial como lo exige la ley.

Connecticut Department of Public Health Immunization Program Fax 860-707-1925

Departamento de Salud Pública de Connecticut Programa de Inmunización Fax 860-707-1925

[www.ct.gov/dph/immunizations](http://www.ct.gov/dph/immunizations)



BIRTH PARENT'S MEDICAL RECORD #	CHILD'S MEDICAL RECORD #
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BIRTH PARENT'S NAME: \_\_\_\_\_

REV 01/2022

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH**



**BIRTH PARENT'S WORKSHEET FOR CHILD BIRTH CERTIFICATE (v2003)**

The information you provide below will be used to create your child's birth certificate. The birth certificate is a document that will be used for legal purposes to prove your child's age, citizenship, and parentage. This document will be used by your child throughout life. State laws provide protection against the unauthorized release of identifying information from the birth certificates to ensure the confidentiality of the parents and their child.

It is very important that you provide complete and accurate information to all the questions. In addition to information used for legal purposes, other information from the birth certificate is used by health and medical researchers to study and improve the health of Birth Parents and newborn infants. Items such as parent's education, race, and smoking will be used for studies but will not appear on copies of the birth certificate issued to you or your child.

**FOR HOSPITAL BIRTHS: DO NOT TAKE THIS FORM HOME. SUBMIT COMPLETED FORM TO THE HOSPITAL BIRTH REGISTRAR PRIOR TO DISCHARGE**

**FOR HOME BIRTHS: SUBMIT COMPLETED FORM TO REGISTRAR OF VITAL RECORDS IN THE TOWN OF BIRTH**

**CHILD'S INFORMATION**

**1a. Child's Legal Name:** Print your child's name **EXACTLY** as you want it to appear on the birth certificate. To change it in the future will require a court ordered legal name change.

\_\_\_\_\_

First
Middle
Last
Generational ID

Child's name not yet chosen

<p><b>Date of birth of this child</b></p> <p>____ / ____ / ____</p> <p>Month    Day    Year</p>	<p><b>Plurality of this birth</b></p> <p>Include all infants delivered (alive or dead) in this pregnancy when determining plurality and birth order.</p> <p><input type="checkbox"/> Singleton</p> <p><input type="checkbox"/> Twins</p> <p><input type="checkbox"/> Triplets</p> <p><input type="checkbox"/> Quadruplets</p> <p><input type="checkbox"/> Other _____</p>	<p><b>Birth Order of this child</b></p> <p>If a multiple birth, circle the birth order of the child named above.</p> <p><input type="checkbox"/> 1st born</p> <p><input type="checkbox"/> 2nd born</p> <p><input type="checkbox"/> 3rd born</p> <p><input type="checkbox"/> 4th born</p> <p><input type="checkbox"/> Other _____</p>
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**INFORMATION ON BIRTH PARENT**

**2a. Birth Parent's current legal name**

\_\_\_\_\_

First
Middle
Last
Generational ID

**2b. Birth Parent's name prior to first marriage** (Maiden name; Last name given at birth or on Birth Certificate)

SAME AS CURRENT LEGAL NAME

\_\_\_\_\_

First
Middle
Last
Generational ID

<p><b>2c. Birth Parent's date of birth</b></p> <p>____ / ____ / ____  Month      Day      Year</p>	<p><b>2d. Birth Parent's Place of Birth</b></p> <p>U.S. State _____</p> <p>U.S. territory _____  (i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, or Northern Marianas)</p> <p>Foreign country _____</p> <p>If CANADA, provide province _____</p>																					
<p><b>2e. Although your marital status does not print on your child's birth certificate, it is necessary to register the record legally and properly. Failure to provide accurate marital status information can cause legal difficulties throughout your child's life.</b></p> <p><b>Were you married at the time you conceived this child, at the time of birth, or at any time between conception and giving birth?</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No <i>If no, has an Acknowledgement of Parentage been completed? (That is, have you and the Non-Birth Parent signed a State of Connecticut <u>Acknowledgment of Parentage</u> form in which the Non-Birth Parent accepted legal responsibility for the child?)</i></p> <p style="margin-left: 20px;"><input type="checkbox"/> Yes, an Acknowledgement of Parentage has been completed.</p> <p style="margin-left: 20px;"><input type="checkbox"/> No, an Acknowledgement of Parentage has not been completed. <i>(Information about the Non-Birth Parent <u>cannot</u> be included on the birth certificate. Information about the procedures for adding the Non-Birth Parent's information to the Birth Certificate after it has been filed can be obtained from the State Vital Records Office.)</i></p>																						
<p><b>2f. Birth Parent's Residence:</b></p> <p>Provide the actual street location and the official name of the town/city where your permanent residence is located. For example, the location for paying taxes, voting, etc., but not necessarily used for mailing address.</p> <p>House Number _____ Street (Do not enter PO Boxes or Rural Route numbers) _____ Apt / Unit _____</p> <p>City/Town _____ State _____ ZIP code _____</p> <p>County: _____ If not United States, country _____</p> <p><b>Is the residence inside city limits?</b> (Non-CT residents only)    <input type="checkbox"/> Yes    <input type="checkbox"/> No    <input type="checkbox"/> Don't know</p> <p><b>How long has the Birth Parent lived at the current residence reported above?</b> _____ Years _____ Months</p>																						
<p><b>2g. Address where mail is received:</b>    <input type="checkbox"/> Same as residence address above</p> <p>House Number _____ Street, Rural Route, P.O. Box _____ Apt / Unit _____</p> <p>City/Town _____ State _____ ZIP code _____</p> <p>County: _____ If not United States, country _____</p>																						
<p><b>3a. Birth Parent's Spoken Language (check all that apply):</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> American sign language (ASL)</td> <td style="width: 33%;"><input type="checkbox"/> Gujarathi</td> <td style="width: 33%;"><input type="checkbox"/> Russian</td> </tr> <tr> <td><input type="checkbox"/> Armenian</td> <td><input type="checkbox"/> Khmer</td> <td><input type="checkbox"/> Serbo-Croatian</td> </tr> <tr> <td><input type="checkbox"/> Chinese, Cantonese</td> <td><input type="checkbox"/> Korean</td> <td><input type="checkbox"/> Spanish</td> </tr> <tr> <td><input type="checkbox"/> Chinese, Mandarin</td> <td><input type="checkbox"/> Laotian</td> <td><input type="checkbox"/> Vietnamese</td> </tr> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> Persian</td> <td><input type="checkbox"/> Other Language --specify: _____</td> </tr> <tr> <td><input type="checkbox"/> French (including Cajun, Patois)</td> <td><input type="checkbox"/> Polish</td> <td></td> </tr> <tr> <td><input type="checkbox"/> French Creole (for example, Haitian)</td> <td><input type="checkbox"/> Portuguese</td> <td></td> </tr> </table>		<input type="checkbox"/> American sign language (ASL)	<input type="checkbox"/> Gujarathi	<input type="checkbox"/> Russian	<input type="checkbox"/> Armenian	<input type="checkbox"/> Khmer	<input type="checkbox"/> Serbo-Croatian	<input type="checkbox"/> Chinese, Cantonese	<input type="checkbox"/> Korean	<input type="checkbox"/> Spanish	<input type="checkbox"/> Chinese, Mandarin	<input type="checkbox"/> Laotian	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> English	<input type="checkbox"/> Persian	<input type="checkbox"/> Other Language --specify: _____	<input type="checkbox"/> French (including Cajun, Patois)	<input type="checkbox"/> Polish		<input type="checkbox"/> French Creole (for example, Haitian)	<input type="checkbox"/> Portuguese	
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**Race and Hispanic Ethnicity:** Race and ethnicity are self-identification data items in which respondents choose the race or races with which they most closely identify and indicate whether or not they are of **Hispanic, Latino/a, or Spanish** origin. Race and ethnicity are considered separate and distinct identities.

**Please complete both items.**

**Definition of Hispanic, Latino/a, or Spanish Origin:**

Hispanic origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be any race.

- **"Hispanic, Latino/a, or Spanish origin"** refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin – *regardless of race.*

**3b. Is the Birth Parent Spanish/Hispanic/Latina?**

- No, not Spanish/Hispanic/Latina
- Yes, Mexican, Mexican American, Chicana
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latina:

\_\_\_\_\_ (e.g., Spaniard, Salvadoran, Dominican, Columbian)

**Definition of Race Categories:**

A person may indicate self-identification with two or more races by selecting multiple race categories.

- **"White"** refers to a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race(s) as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.
- **"Black or African American"** refers to a person having origins in any of the Black racial groups of Africa. It includes people who indicate their race(s) as "Black, African American, or Negro"; or report entries such as African American, Kenyan, Nigerian, or Haitian.
- **"American Indian and Alaska Native"** refers to a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.
- **"Asian"** refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **"Native Hawaiian and Other Pacific Islander"** refers to a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**3c. Birth Parent's Race:** Please check one or more races to indicate what they consider themselves to be.

- White
- Black or African American
- American Indian or Alaska Native:

\_\_\_\_\_ (Name of enrolled or principal tribe)

**Asian**

- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian: \_\_\_\_\_

(e.g., Thai, Cambodian, Malaysian)

**Pacific Islander**

- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander: \_\_\_\_\_

- Other Race: \_\_\_\_\_

**4a. Birth Parent's Social Security Number:**

Furnishing parent Social Security Numbers (SSNs) is required by Federal Law, 42 USC 405(c) (section 205(c) of the Social Security Act). The numbers will be made available to the Connecticut Department of Social Services to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.

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I DO NOT HAVE A SOCIAL SECURITY NUMBER

**4b. Birth Parent's occupation:**

(Ex. Nurse's aide, machine operator, car salesman, student, homemaker)

**4c. Birth Parent's type of business/industry:**

(Ex. Nursing home, toy manufacturer, auto dealership, high school, own home)

**4d. Highest level of schooling the Birth Parent has completed at time of delivery:**

Check the box that best describes their education. If currently enrolled, check the box that indicates the previous grade or highest degree received.

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

**4e. Did the Birth Parent receive WIC (Women's, Infant & Children) food because of this pregnancy?**

- Yes
- No

**4f. Did the Birth Parent smoke just before or during this pregnancy? (Do not include e-cigarettes or vaping cigarettes)**

- Yes, I smoked during the three months before I became pregnant and/or while I was pregnant.

For the three months before pregnancy, on an average day I smoked: \_\_\_\_\_cigs or \_\_\_\_\_ packs.  
During the first 3 months of pregnancy, on an average day I smoked: \_\_\_\_\_cigs or \_\_\_\_\_ packs.  
During the second 3 months of pregnancy, on an average day I smoked: \_\_\_\_\_cigs or \_\_\_\_\_ packs.  
During the last 3 months of pregnancy, on an average day I smoked: \_\_\_\_\_cigs or \_\_\_\_\_ packs.

- No, I did not smoke during the three months before I became pregnant or while I was pregnant.

**4g. Did the Birth Parent use alcohol regularly during this pregnancy? If so, how many drinks did they consume in an average week?**

- No, I did not drink regularly during this pregnancy.
- Yes, I drank \_\_\_\_\_ drinks in *an average week* during this pregnancy.

**4h. Birth Parent's height:**

\_\_\_\_\_ feet \_\_\_\_\_ inches

**4i. Birth Parent's weight immediately before they became pregnant with this child:**

Pre-pregnancy weight was \_\_\_\_\_ pounds

## INFORMATION ON NON-BIRTH PARENT

Fill in the Non-Birth Parent's information ONLY if the parents are legally married to each other or if both parents have signed the VS-56 "ACKNOWLEDGEMENT OF PARENTAGE" form.

**5a. Non-Birth Parent's current legal name:**

\_\_\_\_\_

FirstMiddleLastGenerational ID

**5b. Non-Birth Parent's name prior to first marriage** (Last name given at birth or on Birth Certificate)

SAME AS CURRENT LEGAL NAME

\_\_\_\_\_

FirstMiddleLastGenerational ID

**5c. Non-Birth Parent's date of birth:**

\_\_\_ / \_\_\_ / \_\_\_

MonthDayYear

**5d. Non-Birth Parent's Place of Birth:**

U.S. State \_\_\_\_\_

U.S. territory \_\_\_\_\_  
(i.e., Puerto Rico, U.S. Virgin Islands, Guam, American Samoa, or Northern Marianas)

Foreign country \_\_\_\_\_

If CANADA, provide province \_\_\_\_\_

**6a. Non-Birth Parent's spoken language:**

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> American sign language (ASL)         | <input type="checkbox"/> Gujarathi  | <input type="checkbox"/> Russian                         |
| <input type="checkbox"/> Armenian                             | <input type="checkbox"/> Khmer      | <input type="checkbox"/> Serbo-Croatian                  |
| <input type="checkbox"/> Chinese, Cantonese                   | <input type="checkbox"/> Korean     | <input type="checkbox"/> Spanish                         |
| <input type="checkbox"/> Chinese, Mandarin                    | <input type="checkbox"/> Laotian    | <input type="checkbox"/> Vietnamese                      |
| <input type="checkbox"/> English                              | <input type="checkbox"/> Persian    | <input type="checkbox"/> Other Language --specify: _____ |
| <input type="checkbox"/> French (including Cajun, Patois)     | <input type="checkbox"/> Polish     |  |
| <input type="checkbox"/> French Creole (for example, Haitian) | <input type="checkbox"/> Portuguese |  |

**Race and Hispanic Ethnicity:** Race and ethnicity are self-identification data items in which respondents choose the race or races with which they most closely identify and indicate whether or not they are of **Hispanic, Latino/a, or Spanish** origin. Race and ethnicity are considered separate and distinct identities.

**Please complete both items.**

**Definition of Hispanic, Latino/a, or Spanish Origin:**

Hispanic origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be any race.

- "Hispanic, Latino/a, or Spanish origin" refers to a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin – *regardless of race.*

**6b. Is the Non-Birth Parent Spanish/Hispanic/Latino?**

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latina:

\_\_\_\_\_ (e.g., Spaniard, Salvadoran, Dominican, Columbian)



<p><b>Definition of Race Categories:</b></p> <ul style="list-style-type: none"> <li>• <b>“White”</b> refers to a person having origins in any of the original peoples of Europe, the Middle East, or North Africa. It includes people who indicate their race(s) as "White" or report entries such as Irish, German, Italian, Lebanese, Arab, Moroccan, or Caucasian.</li> <li>• <b>“Black or African American”</b> refers to a person having origins in any of the Black racial groups of Africa. It includes people who indicate their race(s) as "Black, African American, or Negro"; or report entries such as African American, Kenyan, Nigerian, or Haitian.</li> <li>• <b>“American Indian and Alaska Native”</b> refers to a person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.</li> <li>• <b>“Asian”</b> refers to a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.</li> <li>• <b>“Native Hawaiian and Other Pacific Islander”</b> refers to a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.</li> </ul>	<p><b>6c. Non-Birth Parent’s Race:</b> Please check one or more races to indicate what he considers himself to be.</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black or African American</p> <p><input type="checkbox"/> American Indian or Alaska Native:</p> <p>_____</p> <p>(Name of enrolled or principal tribe)</p> <p>Asian</p> <p><input type="checkbox"/> Asian Indian</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Filipino</p> <p><input type="checkbox"/> Japanese</p> <p><input type="checkbox"/> Korean</p> <p><input type="checkbox"/> Vietnamese</p> <p><input type="checkbox"/> Other Asian: _____</p> <p>(e.g., Thai, Cambodian, Malaysian)</p> <p>Pacific Islander</p> <p><input type="checkbox"/> Native Hawaiian</p> <p><input type="checkbox"/> Guamanian or Chamorro</p> <p><input type="checkbox"/> Samoan</p> <p><input type="checkbox"/> Other Pacific Islander:</p> <p>_____</p> <p><input type="checkbox"/> Other Race: _____</p>																				
<p><b>7a. Non-Birth Parent’s Social Security Number:</b></p> <p>Furnishing parent Social Security Numbers (SSNs) is required by Federal Law, 42 USC 405(c) (section 205(c) of the Social Security Act). The numbers will be made available to the Connecticut Department of Social Services to assist with child support enforcement activities and to the Internal Revenue Service for the purpose of determining Earned Income Tax Credit compliance.</p> <table border="1" data-bbox="467 1220 1154 1272"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> <p><input type="checkbox"/> I DO NOT HAVE A SOCIAL SECURITY NUMBER</p>																					
<p><b>7b. Non-Birth Parent’s occupation:</b></p> <p>(Ex. Nurse’s aide, machine operator, car salesman, student, homemaker)</p>	<p><b>7c. Non-Birth Parent’s type of business/industry:</b></p> <p>(Ex. Nursing home, toy manufacturer, auto dealership, high school, own home)</p>																				
<p><b>7d. Highest level of schooling the Non-Birth Parent has completed at time of delivery:</b> Check the box that best describes their education. If currently enrolled, check the box that indicates the previous grade or highest degree received.</p> <p><input type="checkbox"/> 8<sup>th</sup> grade or less</p> <p><input type="checkbox"/> 9<sup>th</sup>-12<sup>th</sup> grade, no diploma</p> <p><input type="checkbox"/> High school graduate or GED completed</p> <p><input type="checkbox"/> Some college credit, but no degree</p> <p><input type="checkbox"/> Associate degree (e.g., AA, AS, Technical school)</p> <p><input type="checkbox"/> Bachelor’s degree (e.g., BA, AB, BS)</p> <p><input type="checkbox"/> Master’s degree (e.g., MA, MS, Meng, Med, MSW, MBA)</p> <p><input type="checkbox"/> Doctorate or Professional degree (e.g., PhD, EdD, MD, LLB)</p>																					

**IMMUNIZATION INFORMATION**

All children born in CT are enrolled in the confidential, statewide Immunization Information System called CT WIZ (formerly CIRTS) which maintains your child's vaccination record. If you do not want your child enrolled, you must send a signed written request to opt out of CT WIZ. Include your child's full name and date of birth and mail it to CT Department of Public Health, 410 Capitol Avenue MS 11MUN, Hartford, CT 06134, or fax it to 860-707-1925. By opting out, your child's vaccination record will no longer be available in CT WIZ for you or your baby's doctor.

Please complete the information below.

**8a. Pediatrician Information:**

Name of baby's doctor: \_\_\_\_\_  
First Middle Last Generational ID

Name of doctor's practice: \_\_\_\_\_

Town of doctor/clinic: \_\_\_\_\_

**EMERGENCY CONTACT**

**8b. Emergency Contact Name:** \_\_\_\_\_  
First Last

Contact's Telephone #: \_\_\_\_\_

**8c. Birth Parent's Telephone #:** \_\_\_\_\_

Birth Parents Alternate Telephone #: \_\_\_\_\_

**INFORMANT INFORMATION**

**8d. Informant's Information:**

Relationship to this child:  Birth Parent  Non-Birth Parent  Other Relative  
 Hospital Employee  Other – specify \_\_\_\_\_

Full name of person providing information in this form:

\_\_\_\_\_  
First Middle Last Generational ID

Signature of Informant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR HOSPITAL BIRTHS: DO NOT TAKE THIS FORM HOME. SUBMIT COMPLETED FORM TO THE HOSPITAL BIRTH REGISTRAR PRIOR TO DISCHARGE**

**FOR HOME BIRTHS: SUBMIT COMPLETED FORM TO REGISTRAR OF VITAL RECORDS IN THE TOWN OF BIRTH**

## Social Security Numbers for Newborns

The State of Connecticut Department of Public Health and the Federal Social Security Administration are offering you this valuable service.

### A NOTE FROM SSA:

The easiest time to get a Social Security Number for your child is when you give information for your child's birth certificate. If you wait to apply at a Social Security office, you will need to provide proof of your child's U.S. Citizenship, age and identity. Social Security will also need to verify your child's birth certificate which may take up to 12 weeks.

By completing this form and requesting a Social Security number for your new baby, the State of Connecticut Department of Public Health will electronically transmit your request to the Federal Social Security Administration. A Social Security card will be mailed to you within 3 weeks, eliminating the need for you to personally visit a Social Security office with evidence of your child's identity, birth date and citizenship.

Must your child have a Social Security Number? No, it is voluntary. However, your child will need a Social Security Number in order for you to claim your child on your income tax return, open a bank account for your child, buy savings bonds for your child, obtain medical coverage for your child, apply for government services for your child.

Social Security rarely uses the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g. to the Government Accountability Office and Department of Veteran's Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

Social Security may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies.

FOR INFORMATION OR ANSWERS TO YOUR SOCIAL SECURITY QUESTIONS, Please contact the Federal Social Security Administration at [www.socialsecurity.gov](http://www.socialsecurity.gov) or call toll free: 1-800-772-1213 (for deaf or hard of hearing: call the TTY line at 1-800-325-0778).

### ENUMERATION AT BIRTH CONSENT FORM

**Baby's Name as Reported on Birth Certificate:**

\_\_\_\_\_

(A Social Security number cannot be issued for a child that has not been named)

**1) Do you want a Social Security Number issued for your baby?**

YES                       NO

**2) Do you authorize the Social Security Administration to provide the Social Security number to the State of Connecticut to add it to the State's birth file? (The confidentiality of Connecticut birth records is protected by state statute (§CGS 7-51))**

YES                       NO

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_





STATE OF CONNECTICUT

TREASURER SHAWN T. WOODEN

Congratulations on your new baby! As the father of two boys, I remember the joy of this experience well and I am very happy for your new gift of life.

In all the excitement of this wonderful moment, saving for your child's college education is probably the last thing on your mind. But right now is actually the perfect time to get started.

I am in charge of the state's college-savings program, the Connecticut Higher Education Trust (CHET), which includes the CHET Baby Scholars initiative to give you a head start on having the resources to send your child to college.

With this initiative, when you open a CHET account, the state will deposit the first \$100, without any contribution from you. If you contribute \$150, or save \$150 within the first four years, the state will give you an additional \$150 to put into your child's savings account!

I've had CHET accounts for my kids for a number of years. But I can honestly tell you that I wish I opened them up much earlier than I did.

All you have to do to get started is complete the information at the bottom of this form. Just by checking the box, you will put your child on the path forward to wherever their dreams may take them.

CHET will send you an application packet to help you open the account, or you can open an account online and sign up for CHET Baby Scholars at [www.aboutchet.com/babyscholars](http://www.aboutchet.com/babyscholars).

In only minutes, you can start building your child's foundation to a lifetime of success!

Sincerely,

*Shawn T. Wooden*



Shawn T. Wooden  
Connecticut State Treasurer

The CHET direct-sold plan is administered by the Office of Connecticut State Treasurer Shawn T. Wooden. TIAA-CREF Individual & Institutional Services, LLC, Member FINRA and SIPC, distributor and underwriter for CHET. 877588

Yes, please send me information about the CHET Baby Scholars program.

Child's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's State of Residency \_\_\_\_\_

(NOTE: the child must reside in Connecticut to participate in the CHET Baby Scholars program.)

# MyChart – Access Authorization with Minor Proxy



<b>Minor/Child Information</b>	
<i>Complete one authorization per minor child less than 18 years of age. All fields are required.</i>	
Patient Name: _____	[ ] Male [ ] Female
Relationship to Parent/Guardian: _____	DOB: _____ Age: _____
<b>Parent/Guardian Information</b>	
<i>All fields are required.</i>	
Parent/Guardian Name: _____	DOB: _____
Address: _____	Email address: _____
City, State, Zip: _____	Phone Number: _____

## MyChart Terms and Conditions

I understand the following:

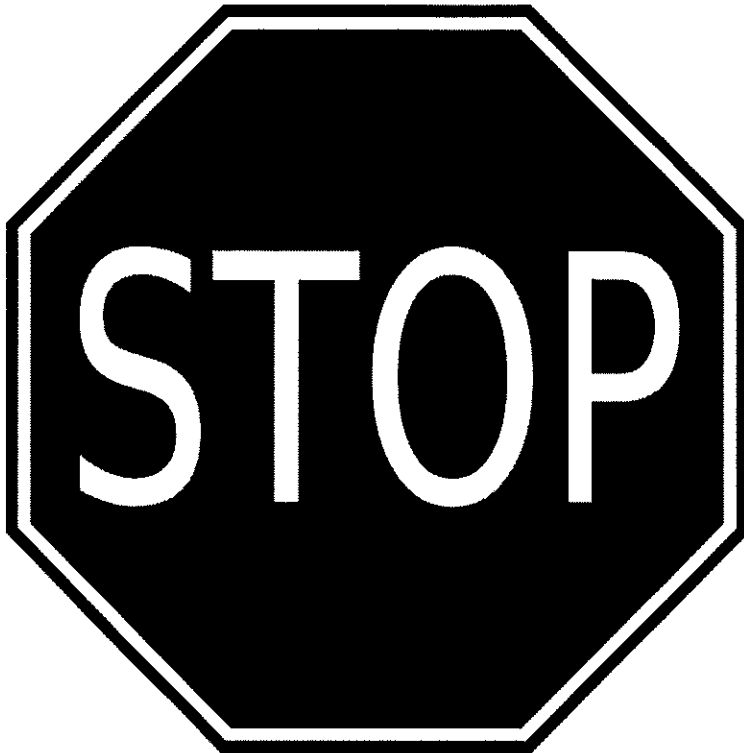
- MyChart contains selected, limited medical information from a patient’s medical record and does not reflect the complete contents of the medical record. A paper copy of a patient’s medical record may be requested from the patient’s health care provider.
- My activities within MyChart are tracked by computer audit, and entries I make can become part of my medical record or my minor child’s medical record.
- My access to certain information about my minor child will be limited upon my minor child’s thirteenth birthday in accordance with Connecticut state law. At this time, my teen minor will also be eligible to activate his/her own MyChart account.
- If my teen minor has special health care needs, my child’s provider may authorize full access to his/her MyChart account if considered to be in his/her best interest. My teen minor may also authorize my full access to his/her MyChart account after discussion of privacy rights with his/her provider.
- A reminder regarding any changes to my teen minor’s MyChart account will be sent via message to the email listed on the proxy account 30 days in advance of the change. I understand I will receive the email notification and then will need to login to view the message.
- I agree to abide by the Yale New Haven Health System MyChart Terms and Conditions, which are available at <https://mychart.ynhhs.org/mychart-PRD/default.asp?mode=stdfile&option=termsandconditions>

By signing below, I acknowledge that I am providing documentation of my authorization to access the protected health information of the minor child described above. I certify that I am the parent or the legal guardian for the patient named above, and that the information I have provided is true and correct.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For Office Use Only*

Patient MRN: _____	Proxy Activation Date: _____
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*Complete the  
Voluntary  
Acknowledgement  
of Parentage ONLY if  
one of the following  
conditions apply.*

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**1) Both parents have a biological connection to the child and are NOT legally married.**

**OR**

**2) Artificial reproductive technology was used to conceive regardless of the gender of the acknowledging parent with the intention of both parents raising the child whether married, or unmarried.**



Voluntary Acknowledgment of Parentage forms will be provided as needed

**State of Connecticut Voluntary Acknowledgment of Parentage Program**  
**Oral Notice Script: AOP Rights and Responsibilities**  
**Revised January 2022**

**After each parent reads Form VS-56, ask they understand the following:**

- neither parent has to sign this form – it’s a voluntary process
- sign this form only if parents know the acknowledging parent meets the legal requirements of parentage
- if the acknowledging parent intends to sign the form as a genetic father, neither parent should sign if either parent is uncertain about the acknowledging father’s genetic relationship to the child
- for an acknowledging parent who is signing as a genetic father genetic testing (DNA) may be able to establish parentage and may, under certain circumstances, be available at state expense
- once this form is completed, it will be filed with the Connecticut Department of Public Health, Parentage Registry, and the acknowledging parent’s name will be placed on the birth certificate if not already listed
- as a legal parent, the person acknowledging parentage may obtain rights of custody and visitation, and also will be responsible for the child’s financial support at least until the child’s eighteenth birthday
- the child may be eligible for many other benefits from the acknowledged parent such as health insurance, social security, veteran’s benefits, and the right of inheritance
- the acknowledging parent has the right to deny parentage and to have their case heard by a court or a family support magistrate
- the acknowledging parent has the right to speak with an attorney before signing this form, to contest parentage, and to have an attorney appointed if the acknowledging parent is unable to pay for one and there is a court proceeding to determine parentage
- either parent can rescind (void) this *Acknowledgment of Parentage* within 60 days of signing or before the first court hearing on an issue concerning the child, such as support, whichever occurs earlier
- to rescind an *Acknowledgment of Parentage*, a parent should contact the Dept. of Public Health or a local DSS field office and complete a *Rescission of Acknowledgment of Parentage* form (acknowledging parent’s name will be removed from birth certificate)
- after 60 days, acknowledging parent’s name removed from the birth certificate only by order of the court and the acknowledgment can only be challenged in court based on fraud, duress or material mistake of fact