



133 Old Road to Nine Acre Corner  
Concord, MA 01742

Congratulations on your new baby!

Emerson Hospital is excited to document this important moment in your family's life. **Your baby's birth certificate is an important legal document.** Emerson Hospital is required to complete and send the birth record to the Concord Town Clerk's Office within 10 days of your baby's birth. The birth record is completed by the Birth Registrar, who obtains the information from the attached state-issued Parent Worksheet. Please help us ensure the timely processing of your baby's birth certificate by completing the parent worksheet and returning it to Emerson Hospital through the various options below. Please note, the baby's name can be left blank and completed after birth.

Please return your completed Parent Worksheet to:

**Mail (Up to 1 month prior to due date):**

Birth Registrar  
Medical Records  
Emerson Hospital  
133 ORNAC  
Concord MA 01742

**Fax:**

978-287-3652

**Email:**

[ROI@EmersonHosp.org](mailto:ROI@EmersonHosp.org)

We are look forward to being a part of your family's life changing event. If you have any questions, please call Medical Records at 978-287-3720.

Sincerely,

Emerson Hospital Medical Records



### Confidential Information

The following items are required to be collected according to Massachusetts' law (M.G.L. Ch.111 §24B). The law also requires that hospitals report additional medical information related to births. This information is kept completely confidential and is used for public health and population statistics, medical research, and program planning. These items never appear on copies of the birth certificate issued to you or your child. Your information is most commonly combined with data from all births throughout Massachusetts and the United States and is published in tables and charts that do not identify you or your child personally.

Your cooperation is urgently needed in order to compile accurate data about Massachusetts families and their newborns. This is the primary source of statistical information about Massachusetts births, which without your help would be unknown. Planners and medical providers use birth data to improve or create new programs and services for mothers and their newborns. Your privacy is taken very seriously. Individual data is never released without the express permission of the Commissioner of Public Health and only within very strict guidelines. As an example of an approved use of individual information, the hospital reports results of your child's hearing test to the Department of Public Health's Universal Newborn Hearing Screening Program for follow-up if needed.

## BIRTH TRENDS AND TECHNOLOGIES

**Fertility Treatments and Technologies:** Better information about use of fertility drugs and assisted reproductive technologies will allow researchers to determine trends in the use of new types of treatments. This data will also help obstetricians and their patients know more about what risks and benefits there may be to mothers and newborns, depending on mother's age, genetic relationship to the child, and other characteristics. This information should be completed about the delivering mother.

**Did you take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help you get pregnant with this current pregnancy? (This may include infertility treatments such as fertility-enhancing drugs or assisted reproductive technology.)**  Yes  No

*If you answered yes:*

**Did you use any of the following fertility treatments during the month you got pregnant with this current pregnancy?**

*Check all that apply:*

- Fertility-enhancing drugs prescribed by a doctor**  
Fertility drugs include Clomid®, Serophene®, Pergonal®, or other drugs that stimulate ovulation.
- Artificial insemination or intrauterine insemination**  
Include treatments in which sperm, but NOT eggs, were collected and medically placed into the birth mother.
- Assisted reproductive technology**  
Include treatments in which BOTH a woman's eggs and a man's sperm were handled in the laboratory, such as in vitro fertilization [IVF], gamete intrafallopian transfer [GIFT], zygote intrafallopian transfer [ZIFT], intracytoplasmic sperm injection [ICSI], frozen embryo transfer, or donor embryo transfer.
- I was not using fertility treatments *during the month that I got pregnant with my new baby.***
- Other medical treatment. Please specify:**

**Did any of these apply during this pregnancy?**

*Check all that apply:*

- Anonymous egg donor
- Anonymous sperm donor
- Surrogacy
- None of these apply

**Home Births:** Answer only if you delivered your baby at home. (*If not, you may skip this question*). This question will help to find out how many home births were planned and how many were unplanned, to provide statistical information and services.

**Did you plan on delivering your baby at home or did you want to have your baby in a hospital or birth center?**

- Yes, I wanted to deliver my baby at home  No, I wanted to deliver my baby in a hospital or birth center



Commonwealth of Massachusetts  
 Department of Public Health  
 Registry of Vital Records and Statistics



**Parent Worksheet for Certificate of Live Birth – Mother/Parent**

The information you provide below will be used to create your child’s birth certificate. The birth certificate is a permanent document that will be used throughout your child’s life to prove his or her age, citizenship, identity and parentage.

It is very important that you provide complete and accurate information for all of the questions. Items marked with an asterisk (\*) will be printed on your child's legal birth certificate, but every item is needed for legal and/or public health purposes. Some of your answers may be used by health and medical researchers to study and improve the health of parents and newborn infants. This information is collected in accordance with Massachusetts General Law (c.111, §24B).

**Please print your answers neatly and accurately.** The birth certificate is a permanent legal document that is a record of events and information at the time of your child’s birth and may not be changed later except under very limited conditions.

*Administrative Use Only*

Birth Mother MRN:

Child MRN:

Log #:

**MOTHER/PARENT Information**

*This section is used to complete the Mother/Parent fields on the child’s birth certificate. The parent that appears in this section must be the delivering mother unless otherwise directed by court order.*

**Mother/Parent Full Legal Name:** Enter the name of the parent that will appear in the Mother/Parent section of the child’s birth certificate. Separate the first, middle, and surname fields in the boxes below. This name is your full and current legal name that you use for signing legal documents.

**\*First Name:**

**\*Middle Name:**  Check if the mother/parent does not have a middle name.

**\*Surname: (Last Name)**

**\*Generational, if any: (e.g., JR, III)**

**Mother/Parent Telephone:** Please provide telephone numbers for contacting you if there is a problem with your child’s birth record. Telephone is not printed on your child’s birth certificate.

**Mother/Parent Social Security Number (SSN):** SSN is required by federal law for all birth registrations. SSN is not printed on your child’s birth certificate.

**Telephone #:**

**Alternate Telephone #:**

**SSN:**

Check if:  I have never been issued a Social Security #

**Mother/Parent - Facts of Birth:** Enter the following information about your birth date, your name at the time of your birth, your sex, and where you were born. Place of birth should contain the city/town of birth or local jurisdiction where your own birth certificate is on file. This information is needed for legal registration purposes and is also useful for family genealogical research.

**\*Date of Birth: (e.g., Mar. 27 1980)**

**\*Surname (last name) at your birth or adoption: (Maiden Surname)**

Month Day Year

**\*Place of Birth:**

Country (Do not abbreviate, unless U.S.)

State or Province (Do not abbreviate)

City/Town or Local Jurisdiction (Do not abbreviate)

**Mother/Parent - Current Marital Status:** 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 your child's birth certificate to remain unregistered, causing legal difficulties throughout your child's life.

**Marital Status and Paternity Establishment:**

- If the mother/parent is not married, and was not married within 300 days of the child's birth, a biological father may be added through a *Voluntary Acknowledgment of Parentage* at the time of birth, or at a later date. Both parents must sign this form.
- If the mother/parent is currently married, or was married within 300 days of the birth, the spouse will be listed as the father/parent on the child's initial birth certificate *unless* the mother/parent and spouse sign an *Affidavit of Non-Paternity* and the mother and biological father sign a *Voluntary Acknowledgment of Parentage*.
- For more information, ask your hospital birth registrar for assistance.
  - Questions about the *Voluntary Acknowledgment of Parentage* or the *Affidavit of Non-Paternity* may also be directed to: Registry of Vital Records and Statistics at (617) 740-2600.
  - Questions about court adjudications of paternity, voluntary acknowledgments, DNA testing, or other questions about establishing paternity at birth, or in the future, may be directed to: Department of Revenue, Child Support Enforcement Division, at 1-800-332-2733.

<b>Marital Status:</b>			
<input type="checkbox"/> Married	<input type="checkbox"/> Divorced:	<i>Date of Divorce:</i>	<i>County/Jurisdiction where filed:</i>
<input type="checkbox"/> Never Married	<input type="checkbox"/> Widowed:	<i>Date of Spouse's Death:</i>	
If married, divorced, or widowed: <b>Is your spouse or former spouse the father/parent of this child?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If NOT married and live in a different town than where the hospital of birth is located, you may request that a copy of the birth certificate be kept at your city/town of residence as well. <b>If this applies to you, do you want your child's certificate to be also kept at your residence city/town clerk's office?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

**Mother/Parent - Residence:** Your residence is the actual address of the place where you live. Do not use a post office box or other address used for mailing purposes only. The city or town where you live must be listed by its legal and proper name. Do not list a neighborhood, village or other sub-division name. You will be asked for your mailing address in the next section.

<b>*Residence:</b>		
<i>Street number and name (e.g., 9 Ninth Street)</i>	<i>Apartment or unit, if any (e.g., Apt. 9)</i>	
<i>Proper City/Town name (e.g., Boston, not Mattapan)</i>	<i>State (Province/state and country if not U.S.) (Do not abbreviate)</i>	<i>Zip Code</i>
<b>County of Residence:</b>	<b>If not in Massachusetts, do you live within city limits?</b>	
<i>In what county do you live?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	

**Mother/Parent - Mailing Address:** Enter your mailing address if it is different than your residence address. This address does not appear on your child's birth certificate but may be used to contact you if there is a problem with the birth certificate.

<b>Mailing Address:</b>		
<i>Number and Street, PO Box or RR# - Please write the postal delivery address where you receive your mail</i>		
<i>City/Town</i>	<i>State (Province/state and country if not U.S.) (Do not abbreviate)</i>	<i>Zip Code</i>

<b>Worksheet completed by:</b>
Please sign: _____ <input type="checkbox"/> Mother/Parent <input type="checkbox"/> Father/Parent <input type="checkbox"/> Other Relationship _____



Commonwealth of Massachusetts  
 Department of Public Health  
 Registry of Vital Records and Statistics



**Parent Worksheet for Certificate of Live Birth – Father/Parent**

The information you provide below will be used to create your child’s birth certificate. The birth certificate is a permanent document that will be used throughout your child’s life to prove his or her age, citizenship, identity and parentage.

It is very important that you provide complete and accurate information for all of the questions. Items in **bold italic** are printed on your child's legal birth certificate, but all items are needed for legal and/or public health purposes. Some of your answers are used by health and medical researchers to study and improve the health of parents and newborn infants. This information is collected in accordance with Massachusetts General Law (c.111, §24B).

**Please print your answers neatly and accurately.** The birth certificate is a permanent legal document that is a record of events and information at the time of your child’s birth and may not be changed later except under very limited conditions.

*Administrative Use Only*

Birth Mother MRN:

Child MRN:

Log #:

**FATHER/PARENT Information**

*This section is used to complete the Father/Parent fields on the child’s birth certificate. Please indicate relationship of the father/parent to the mother/parent:*

- Married to the Mother/Parent, or married to the mother/parent within 300 days of the child’s birth.
- Not married to Mother/Parent, but will complete a *Voluntary Acknowledgment of Parentage* or is named by court order.
  - If the mother/parent is not married, and *was not* married within 300 days of the child’s birth, a father may be added through a *Voluntary Acknowledgment of Parentage* at the time of birth, or at a later date. Both parents must sign this form.
  - If the mother/parent is currently married, or *was* married within 300 days of the birth, to someone other than the father of the child, the spouse will be listed on the child’s birth certificate *unless* the spouse and the mother/parent sign an *Affidavit of Non-Paternity* and the father and the mother/parent sign a *Voluntary Acknowledgment of Parentage*.
  - If you have questions about paternity or parental status, ask your hospital birth registrar, or contact the Registry of Vital Records and Statistics at (617) 740-2600 or contact the Department of Revenue, Child Support Enforcement Division at 1-800-332-2733.

**Father/Parent Name:** Enter the name of the parent that will appear in the Father/Parent section of the child’s birth certificate and/or on the *Voluntary Acknowledgment of Parentage*. Separate the first, middle, and surname fields in the boxes below. This name is your full and current legal name that you use for signing legal documents.

**\*First Name:**

**\*Middle Name:**  Check if the father/parent does not have a middle name.

**\*Surname: (Last Name)**

**\*Generational, if any: (e.g., JR, III)**

**Father/Parent Social Security Number (SSN):** SSN is required by federal law for all birth registrations. SSN is not printed on your child’s birth certificate.

**SSN:**

Check if:  I have never been issued a Social Security #

**Father/Parent - Facts of Birth:** Enter the following information about your birth date, name at the time of your birth, your sex, and where you were born. Place of birth should contain the city/town of birth or local jurisdiction where your own birth certificate is on file. This information is needed for legal registration purposes and is also useful for family genealogical research.

<b>*Date of Birth:</b> (e.g. <i>Mar. 27 1980</i> ) <hr style="border-top: 1px dashed black;"/> <i>Month                      Day                      Year</i>	<b>*Surname (last name) at your birth or adoption:</b>	<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female
<b>*Place of Birth:</b>		
<i>Country (Do not abbreviate, unless U.S.)</i>	<i>State or Province (Do not abbreviate)</i>	<i>City/Town or Local Jurisdiction (Do not abbreviate)</i>

**Father/Parent - Residence:** Your residence is the actual address of the place where you live. Do not use a post office box or other address used for mailing purposes only. The city or town where you live must be listed by its legal and proper name. Do not list a neighborhood, village or other sub-division name.

**Father/Parent residence address is the same as the Mother/Parent.** If not the same, please complete:

<b>Residence:</b>		
<i>Street number and name (e.g., 9 Ninth Street)</i>	<i>Apartment or unit, if any (e.g., Apt. 9)</i>	
<i>Proper City/Town name (e.g., Boston, not Mattapan)</i>	<i>State (Province/state and country if not U.S.) (Do not abbreviate)</i>	<i>Zip Code</i>
<b>County of Residence:</b> <hr style="border-top: 1px dashed black;"/> <i>In what county do you live?</i>	<b>If <u>not</u> in Massachusetts, do you live within city limits?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know	

<b>Worksheet completed by:</b> Please sign: _____ <input type="checkbox"/> Mother/Parent <input type="checkbox"/> Father/Parent <input type="checkbox"/> Other Relationship _____
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*Please return this worksheet to your hospital birth registrar, or as otherwise instructed. Thank you.*