State of Colorado
Birth Certificate Worksheet

This information will be used to create your child's birth certificate. All information below must be complete and accurate. If you have questions or are unsure of any information, please leave that space blank and ask the hospital staff member who collects this form for assistance.

<table>
<thead>
<tr>
<th>PLEASE PRINT CLEARLY</th>
<th>INFANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child's full name:</td>
<td>First</td>
</tr>
<tr>
<td></td>
<td>Middle</td>
</tr>
<tr>
<td></td>
<td>Last</td>
</tr>
<tr>
<td></td>
<td>Suffix</td>
</tr>
</tbody>
</table>

Do you wish for a Social Security number to be issued to the child?  
Yes ☐ No ☐

(There is no charge for this service.)

<table>
<thead>
<tr>
<th>MOTHER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mother's current full name:</td>
</tr>
<tr>
<td>First</td>
</tr>
<tr>
<td>Middle</td>
</tr>
<tr>
<td>Last Name</td>
</tr>
<tr>
<td>Mother's full name before 1st marriage (maiden):</td>
</tr>
<tr>
<td>First</td>
</tr>
<tr>
<td>Middle</td>
</tr>
<tr>
<td>Last Name (maiden)</td>
</tr>
</tbody>
</table>

Mother's date of birth:  
Month / Day / Year  
Mother's birthplace:  
State, or country if not U.S.A.  
If born outside the U.S., how long lived in U.S.?  
☐ Years ☐ Months

Mother's current residence:  
Street address - not a P.O. Box  
Apt.#  
City  
Inside city limits?:  
☐ Yes ☐ No

County  
State (If Canada, list Province)  
Zip  
Mailing address if different from above address

Mother's Social Security number:  
☐ Yes ☐ No

Mother's Education (Check the box that best describes the highest degree or level of school completed at the time of delivery)  
☐ 8th grade or less  
☐ 9th - 12th grade, no diploma  
☐ High school graduate or GED completed  
☐ 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, MSW, MBA)  
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

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 or African American  
☐ American Indian or Alaska Native (Name of the enrolled or principal tribe)  
☐ Asian Indian  
☐ Other Asian (Specify)  
☐ Chinese  
☐ Native Hawaiian  
☐ Filipino  
☐ Guamanian or Chamorro  
☐ Japanese  
☐ Samoan  
☐ Korean  
☐ Other Pacific Islander (Specify)  
☐ Vietnamese  
☐ Other (Specify)

Mother's WYREV 440

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☐ Vietnamese  
☐ Other (Specify)

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☐ Years ☐ Months

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Apt.#  
City  
Inside city limits?:  
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County  
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County  
State (If Canada, list Province)  
Zip  
Mailing address if different from above address

Mother's Social Security number:  
☐ Yes ☐ No

Informant signature:  
☐ Mother ☐ Father ☐ Other  
Informant relationship:  
☐ Mother ☐ Father ☐ Other  
Date:  
☐ (Please specify)