

**STATE OF LOUISIANA ACKNOWLEDGEMENT OF PATERNITY AFFIDAVIT
CHILD BORN OUTSIDE OF MARRIAGE (FOR USE IN HOSPITAL)
THIS FORM MUST BE ENTIRELY COMPLETED FOR THE FATHERS NAME TO APPEAR ON BIRTH CERTIFICATE**

SECTION I. CHILD'S INFORMATION DO NOT LEAVE BLANK

Name of Child - First, Middle, Last (As it appears on the Birth Certificate)		Date of birth - (Month, Day, Year)
Place of Birth - City, State NEW ORLEANS, LOUISIANA	Name of Hospital TOURO INFIRMARY	

SECTION II. MOTHER'S INFORMATION DO NOT LEAVE BLANK

Name of Mother - First, Middle, Last		Maiden Name	Date of birth - (Month, Day, Year)
Mother's Address		Mother's Phone Number	
Mother's Place of Birth - City, State	Race (Check) <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other, list: _____		Mother's Social Security Number
Mother's employer - Name & Address		Mother's Occupation	
Was Mother married at time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Name and Address of Husband		
Was Mother married at time of conception? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does Mother have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Name of Insurance Company and Policy No.		State Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION III. FATHER'S INFORMATION DO NOT LEAVE BLANK

Name of Father - First, Middle, Last		Date of birth - (Month, Day, Year)
Father's Address		Father's Phone Number
Father's Place of Birth - City, State	Race (Check) <input type="checkbox"/> American Indian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Other, list: _____	
Father's employer - Name & Address		Father's Occupation
Father's Guardian (If father is under age of 18) Print Name	Guardian's Address	Guardian's Signature
Does Father have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If YES, Name of Insurance Company and Policy No.	

PLEASE COMPLETE THE ABOVE WORKSHEET

NOTICE TO UNMARRIED MOTHERS

Unmarried mothers must be accompanied by the father of the newborn to acknowledge paternity. A valid picture I.D. is required for both parents to complete the acknowledgement of paternity. In the event both parents can not be present or are unable to provide a valid I.D., the birth certificate will be submitted according to Louisiana State Law in the mother's maiden/married name. This is Louisiana State Law and no exceptions can be made. If the acknowledgement can not be completed prior to discharge, the State of Louisiana allows acknowledgement of paternity to be completed after discharge through the office of vital records.



**PRE-REGISTRATION
BIRTH CERTIFICATE WORKSHEET**

*Please return completed worksheet in the self addressed envelope
provided to you prior to your delivery*

CHILD			
1. CHILD'S LAST NAME	2. CHILD'S FIRST NAME	3. CHILD'S MIDDLE NAME	4. CHILD'S SUFFIX
5. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Time of Birth _____ : _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	7. Date of Birth ____ / ____ / ____	8. BIRTH WEIGHT
9. Place where birth occurred if not at Touro Infirmary <input type="checkbox"/> BORN ENROUTE <input type="checkbox"/> HOME BIRTH PLANNED <input type="checkbox"/> HOME BIRTH UNPLANNED <input type="checkbox"/> CLINIC/DOCTOR'S OFFICE <input type="checkbox"/> OTHER			
10. Address Where Birth Occurred if not at Touro Infirmary House #: _____ Street: _____ St. Designator: _____ Country: USA State: Louisiana Parish: _____ City: _____ Zip Code: _____			
11. Social Security #: Do you want a SS# for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No	12. Do you want to enroll child in immunization reminder system? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Mother/Father/Informant Full Name	14. Relation to Infant: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other

MOTHER		PLEASE ANSWER ALL QUESTIONS		DO NOT LEAVE BLANKS	
1. MOTHER'S CURRENT LEGAL NAME					
Last		First		Second	
				Suffix	
2. MOTHER'S NAME PRIOR TO FIRST MARRIAGE (MAIDEN)					
Last		First		Second	
				Suffix	
3. Date of birth		4. Mother's Social Security Number			
5. Place of birth: Country: _____ State: _____ City: _____					
6. Mother's Current Residence House #: _____ Street: _____ St. Designator: _____ Country: _____ State: _____ County/Parish: _____ City: _____ Zip Code: _____ Within City Limits? <input type="checkbox"/> Yes <input type="checkbox"/> No MOTHER'S PHONE NUMBER: _____					
7. Mother's Mailing Address <input type="checkbox"/> Same as Residence OR, Country: _____ State: _____ County/Parish: _____ Street & Number: _____ Apartment No.: _____ City, Town or Location: _____ Zip: _____					
8. Was Mother ever married? <input type="checkbox"/> Yes <input type="checkbox"/> No			9. If unmarried will Father complete Acknowledgement of Paternity? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8A. Was Mother married at time of conception? <input type="checkbox"/> Yes <input type="checkbox"/> No					
10. Mother's Education (check the box that best describes the highest degree or level of school completed a the time of delivery) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MED, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional Degree (e.g. MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown		11. 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. <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other, Spanish/Hispanic/Latina Specify: _____ <input type="checkbox"/> Unknown if Spanish/Hispanic/Latina <input type="checkbox"/> No, not Spanish/Hispanic/Latina		12. Mother's Race (check one or more races to indicate what the mother considers herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native Name of enrolled or principal tribe _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian Specify: _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander Specify: _____ <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	

*MOTHER'S MEDICAL		PLEASE ANSWER ALL QUESTIONS		DO NOT LEAVE BLANKS	
1. Did Mother receive prenatal care? <input type="checkbox"/> Yes <input type="checkbox"/> No		1a. Date of first prenatal care visit ____ / ____ / ____ MM DD YYYY		1b. Date of last prenatal care visit ____ / ____ / ____ MM DD YYYY	
2. Mother's Height _____ (feet/inches)		3. Mother's pre-pregnancy weight _____ (pounds)		4. Mother's weight at delivery _____ (pounds)	
5. Did Mother get WIC food for herself during this pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		6. Number of previous live births (Do not include this child) Now living number _____ <input type="checkbox"/> None Now dead number _____ <input type="checkbox"/> None		7. Number of other pregnancy outcomes Spontaneous or induced losses or ectopic pregnancies Other outcomes number _____ <input type="checkbox"/> None	
8. Is the infant being breastfed at discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		9. DATE OF LAST LIVE BIRTH ____ / ____ / ____ MM YYYY		10. Date of last other pregnancy outcome ____ / ____ / ____ MM YYYY	
11. Date last normal menses began: ____ / ____ / ____					
12. Cigarette smoking before and during pregnancy for each time period, enter either the number of cigarettes or the number of packs of cigarettes smoked, IF NONE, enter "0". Average number of cigarettes or packs smoked per day: Three months before pregnancy: # of cigarettes OR # of packs _____ or _____ Second three months of pregnancy: # of cigarettes OR # of packs _____ or _____ First three months of pregnancy: # of cigarettes OR # of packs _____ or _____ Third trimester of pregnancy: # of cigarettes OR # of packs _____ or _____					
13. Principal source of payment for delivery: <input type="checkbox"/> Private Insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> Self-Pay <input type="checkbox"/> Other _____				14. Alcohol use in pregnancy: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

FATHER		PLEASE ANSWER ALL QUESTIONS		DO NOT LEAVE BLANKS	
1. FATHER'S CURRENT LEGAL NAME					
Last		First		Second	
				Suffix	
2. Date of birth		3. Father's Social Security Number			
4. Father's Place of birth: Country: _____ State/Territory/Province: _____ City: _____					
5. Father's Education (check the box that best describes the highest degree or level of school completed a the time of delivery) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High School graduate or GED completed <input type="checkbox"/> Some college credit but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MED, MSW, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional Degree (e.g. MD, DDS, DVM, LLB, JD) <input type="checkbox"/> Unknown		6. Father 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. <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, Other, Spanish/Hispanic/Latina Specify: _____ <input type="checkbox"/> Unknown if Spanish/Hispanic/Latina <input type="checkbox"/> No, not Spanish/Hispanic/Latina		7. Father's Race (check one or more races to indicate what the mother considers himself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native Name of enrolled or principal tribe _____ <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Other Asian Specify: _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander Specify: _____ <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Unknown	

*** IF YOU CHECK "YES", DISCLOSURE OF PARENTAL SOCIAL SECURITY NUMBERS IS REQUIRED BY 42 USC 405(C) (2) AS AMENDED BY SECTION 1090(B) OF PUBLIC LAW 105-34. THE INFORMATION WILL BE USED BY THE INTERNAL REVENUE SERVICE SOLELY FOR THE PURPOSE OF DETERMINING EARNED INCOME TAX CREDIT COMPLIANCE.**

I, the undersigned, certify that the above stated information is true and correct to the best of my knowledge
Signature: _____ Name of Signatory: _____ Relationship to child: Parent Other