

RACE/ETHNICITY AND EDUCATION WORKSHEET (For Reference Only)

RACE/ETHNICITY (FATHER/PARENT)	RACE/ETHNICITY (MOTHER/PARENT)				
<p>HISPANIC, LATINO, SPANISH (check 1 box). Enter specific origin on the certificate.</p> <p>Is the FATHER/PARENT Hispanic/Latino/Spanish?</p> <p><input type="checkbox"/> No, not Hispanic/Latino/Spanish</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicano</p> <p><input type="checkbox"/> Yes, Central American</p> <p><input type="checkbox"/> Yes, South American</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Other Hispanic/Latino/Spanish (Specify): _____</p>	<p>HISPANIC, LATINA, SPANISH (check 1 box). Enter specific origin on the certificate.</p> <p>Is the MOTHER/PARENT Hispanic/Latina/Spanish?</p> <p><input type="checkbox"/> No, not Hispanic/Latina/Spanish</p> <p><input type="checkbox"/> Yes, Mexican, Mexican American, Chicana</p> <p><input type="checkbox"/> Yes, Central American</p> <p><input type="checkbox"/> Yes, South American</p> <p><input type="checkbox"/> Yes, Cuban</p> <p><input type="checkbox"/> Yes, Puerto Rican</p> <p><input type="checkbox"/> Yes, Other Hispanic/Latina/Spanish (Specify): _____</p>				
<p>RACE (check 1, 2 or 3 boxes). Enter up to 3 races on the certificate.</p> <p>The FATHER/PARENT is:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Other (Specify): _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____ </td> </tr> </table>	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____	<p>RACE (check 1, 2 or 3 boxes). Enter up to 3 races on the certificate.</p> <p>The MOTHER/PARENT is:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Other (Specify): _____ </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____ </td> </tr> </table>	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s): _____ <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify): _____ <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Other (Specify): _____ <input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> Asian Indian <input type="checkbox"/> Cambodian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Hmong <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Laotian <input type="checkbox"/> Thai <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify): _____
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<p style="text-align: center;">EDUCATION (FATHER/PARENT)</p> <p>Check 1 box that best describes the highest degree or level of school completed by the FATHER/PARENT at the time of the delivery. Enter education degree or level on the certificate.</p> <p><input type="checkbox"/> 0-11th grade. Enter highest year completed: _____</p> <p><input type="checkbox"/> 12th grade; no diploma. Enter 12 ND</p> <p><input type="checkbox"/> High school graduate or GED completed. Enter HS GRADUATE or GED</p> <p><input type="checkbox"/> Some college credit, but no degree. Enter SOME COLLEGE</p> <p><input type="checkbox"/> Associate degree (e.g., AA, AS). Enter ASSOCIATE</p> <p><input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS). Enter BACHELOR'S</p> <p><input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA). Enter MASTER'S</p> <p><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD). Enter DOCTORATE or PROFESSIONAL: _____</p>	<p style="text-align: center;">EDUCATION (MOTHER/PARENT)</p> <p>Check 1 box that best describes the highest degree or level of school completed by the MOTHER/PARENT at the time of the delivery. Enter education degree or level on the certificate.</p> <p><input type="checkbox"/> 0-11th grade. Enter highest year completed: _____</p> <p><input type="checkbox"/> 12th grade; no diploma. Enter 12 ND</p> <p><input type="checkbox"/> High school graduate or GED completed. Enter HS GRADUATE or GED</p> <p><input type="checkbox"/> Some college credit, but no degree. Enter SOME COLLEGE</p> <p><input type="checkbox"/> Associate degree (e.g., AA, AS). Enter ASSOCIATE</p> <p><input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS). Enter BACHELOR'S</p> <p><input type="checkbox"/> Master's degree (e.g., MA, MS, MEd, MSW, MBA). Enter MASTER'S</p> <p><input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD). Enter DOCTORATE or PROFESSIONAL: _____</p>				