CERTIFICATES OF LIVE BIRTH AND FETAL DEATH
RACE/ETHNICITY AND EDUCATION WORKSHEET (For Reference Only)

NOTICE TO INFORMANTS: Completion of this worksheet in conjunction with either the "Certificate of Live Birth" or the "Certificate of Fetal Death" is not required by state law. However, the information requested is essential for determining the health problems of the population groups noted below and your cooperation is appreciated.

FATHER'S RACE/ETHNICITY	MOTHER'S RACE/ETHNICITY

HISPANIC, LATINO, SPANISH (**check 1 box**). Enter specific origin on the certificate.

Is the **FATHER** Hispanic/Latino/Spanish?

- ☐ No, not Hispanic/Latino/Spanish
- ☐ Yes, Mexican, Mexican American, Chicano
- ☐ Yes, Central American
- ☐ Yes, South American
- ☐ Yes, Cuban
- ☐ Yes, Puerto Rican
- ☐ Yes, Other Hispanic/Latino/Spanish (Specify):

_____

HISPANIC, LATINA, SPANISH (**check 1 box**). Enter specific origin on the certificate.

Is the **MOTHER** Hispanic/Latina/Spanish?

- ☐ No, not Hispanic/Latina/Spanish
- ☐ Yes, Mexican, Mexican American, Chicana
- ☐ Yes, Central American
- ☐ Yes, South American
- ☐ Yes, Cuban
- ☐ Yes, Puerto Rican
- ☐ Yes, Other Hispanic/Latina/Spanish (Specify):

_____

RACE (**check 1, 2 or 3 boxes**). Enter up to 3 races on the certificate.

The **FATHER** is:

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s):_____ _____
- ☐ Native Hawaiian
- ☐ Guamanian
- ☐ Samoan
- ☐ Other Pacific Islander (Specify): _____

- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Thai
- ☐ Vietnamese
- ☐ Other Asian (Specify): _____

- ☐ Other (Specify):_____
- ☐ Other (Specify):_____
- ☐ Other (Specify):_____

RACE (**check 1, 2 or 3 boxes**). Enter up to 3 races on the certificate.

The **MOTHER** is:

- ☐ White
- ☐ Black or African American
- ☐ American Indian or Alaska Native (includes North, South, or Central American Indian, Aleut or Alaska Native) Specify Tribe(s):_____ _____
- ☐ Native Hawaiian
- ☐ Guamanian
- ☐ Samoan
- ☐ Other Pacific Islander (Specify): _____

- ☐ Asian Indian
- ☐ Cambodian
- ☐ Chinese
- ☐ Filipino
- ☐ Hmong
- ☐ Japanese
- ☐ Korean
- ☐ Laotian
- ☐ Thai
- ☐ Vietnamese
- ☐ Other Asian (Specify): _____

- ☐ Other (Specify):_____
- ☐ Other (Specify):_____
- ☐ Other (Specify):_____

FATHER'S EDUCATION	MOTHER'S EDUCATION

Check 1 box that best describes the highest degree or level of school completed by the **FATHER** at the time of the delivery. Enter education degree or level on the certificate.

- ☐ 0-11th grade. Enter highest year completed: _____
- ☐ 12th grade; no diploma. Enter **12**
- ☐ High school graduate or GED completed. Enter **HS** or **GED**
- ☐ Some college credit, but no degree. Enter **SOCOL**
- ☐ Associate degree (e.g. AA, AS). Enter **ASSOC**
- ☐ Bachelor's degree (e.g., BA AB, BS). Enter **BACH**
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA). Enter **MAST**
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD, RN, NP, PA). Enter **DOCT** or **PROF**: _____

Check 1 box that best describes the highest degree or level of school completed by the **MOTHER** at the time of the delivery. Enter education degree or level on the certificate.

- ☐ 0-11th grade. Enter highest year completed: _____
- ☐ 12th grade; no diploma. Enter **12**
- ☐ High school graduate or GED completed. Enter **HS** or **GED**
- ☐ Some college credit, but no degree. Enter **SOCOL**
- ☐ Associate degree (e.g. AA, AS). Enter **ASSOC**
- ☐ Bachelor's degree (e.g., BA AB, BS). Enter **BACH**
- ☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA). Enter **MAST**
- ☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DO, DDS, DVM, LLB, JD, RN, NP, PA). Enter **DOCT** or **PROF**: _____

Do not enter any identification by patient name or number on this worksheet. Discard after use.
Do not retain the worksheet in the medical records or submit with the "Certificate of Live Birth" or the "Certificate of Fetal Death."

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