

NEW YORK STATE DEPARTMENT OF HEALTH

Instructions, Release and Parental Notification Certificate of Live Birth Home and non-Hospital Births DOH-1963

To the Local Registrar:

This instruction sheet corresponds to Form DOH-1963, Certificate of Live Birth. Form DOH-1963 is used to register the births of children born at home or in another place outside of a hospital or other institution capable of filing Form DOH-1963E, Electronic Certificate of Live Birth.

Provide a copy of this instruction sheet to the parents of the child.

Public Health Law 4101 charges the local registrar with the enforcement of complete and accurate vital records registration. Therefore, before a home or non-hospital birth is registered, the local registrar must determine when, where and to whom the child was born. Do not file the birth certificate until the parents provide positive identification, proof of residency, and supporting documentation from a prenatal or postnatal health care provider, the Department of Social Services, or other government agency familiar with the family and the mother's pregnancy. In the absence of such documentation, contact the Vital Records Section for guidance.

When to File: A Certificate of Live Birth must be registered by filing DOH-1963 within five-days of the birth. However, Form DOH-1963 may be used to register a birth within one-year of the date of birth. If more than one-year has elapsed since the date of birth, DOH-1963 may not be used to register the birth. In this case, consult the Delayed Birth Registration Section in Chapter 2 of the Local Registrar Procedures Manual.

Who Must File: The physician or nurse-midwife who delivered the child is responsible for filing the Certificate of Live Birth. If a physician or nurse-midwife did not deliver the child, then the mother; the father; the person who delivered the child, such as an EMT; or the person who owns or is in charge of the premises where the child was born must file the Certificate of Live Birth.

Where to File: A Live Birth Certificate must be filed with the Local Registrar of the district where the infant was delivered. However, if the infant was born in a moving conveyance, the place of birth is considered to be the district where the infant was first removed from the conveyance.

Acknowledgment of Paternity: If the mother was not married for the entire pregnancy through the date of the child's birth, the parents must complete an Acknowledgment of Paternity form (LDSS-4418) to have the putative father's name recorded on the child's Birth Certificate. If this is the case and the parents do not submit an Acknowledgment of Paternity when filing the Birth Certificate, the putative father's name may be added to the Birth Certificate only through the Birth Amendment process administered by the New York State Department of Health. See Chapter 8 of the Local Registrar Procedures Manual for further information.

Disposition of Completed Certificate: The Local Registrar must send the original Birth Certificate to the New York State Department of Health on the Friday after it is filed. The Local Registrar is to keep a *photocopy* of the original Certificate of Live Birth (front side only) for the local records. **Do not** copy the reverse side (Confidential).

Parental Notification and Release Information

Notice regarding collection of parents' Social Security Numbers: The collection of parents' Social Security Numbers on the New York State Certificate of Live Birth is mandatory. They are required by Public Health Law Section 4132(1) and may be used for child support enforcement, public health related purposes, when requested by State, federal and municipal governments for official purposes, when required by Public Health Law Section 4173 or 4174 and when otherwise required or authorized by law.

Social Security Release Information: This item may be found in the lower right corner on the reverse side of the Certificate of Live Birth.

The Social Security Administration offers the parents of newborns an opportunity to apply for a Social Security Number for their child through the birth certificate registration process. This is referred to by the Social Security Administration as Enumeration at Birth (EAB). If you participate in the EAB, the New York State Department of Health will forward to the Social Security Administration information from your child's birth certificate. Please note that the Social Security Administration will not process your EAB request unless, the birth certificate includes your child's full name. If you participate in the EAB, disclosure of parents' Social Security Numbers is mandated by 42 U.S.C. 405(c)(2). The Social Security Number(s) will be used by the Internal Revenue Service (IRS) solely for the purpose of determining Earned Income Tax Credit compliance. Check **Yes** if you want to participate in the Social Security Administration EAB program.

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Completing the Certificate of Live Birth:

Please complete all items. However, if you do not have the information required to complete a medical item on the reverse side of the Certificate of Live Birth, leave the item blank.

Information and instructions for Selected Items

NOTE: ALL DATES MUST BE ENTERED IN NUMERICAL FORM - USE - MM DD YYYY

- 1A. Child's Name:** If you have not chosen given names for the child, enter the last name only.
- 2B. Hour:** Enter the time of birth and indicate *am* or *pm*.
- 4B. If Not Single, Specify Birth Order:** Enter 1, 2, etc. to indicate child was born first, second, etc. if child is one of a birth set (*twins, triplets, etc.*)
- 6B. Locality:** Enter the name of the City, Village, or Town where the birth occurred.
- 8C. Locality:** Enter the name of the City, Village, or Town where you live. This may be different from your mailing address.
- 10A. Attendant:** The attendant is the person who delivered the infant.
- 10E. Attendant's Title:** This may be M.D., D.O., EMT, father, etc.
- 10C. Certifier:** If different from Attendant, enter name and title of Certifier, i.e. M.D., D.O., C.N.M., Lay Midwife, Father, etc.
- 31A. - 31C. & 32A. - 32C. Check Boxes:** Please use the check boxes in the left-hand columns for the mother's information and the check boxes in the right-hand column for the father's information. For **Parent's Race (31C. & 32C.)** please check all that apply.
- 31E. & 32D. Current/Most Recent Occupation:** Enter the usual or most recent occupation. Enter "Homemaker" only if NEVER employed outside the home. Enter "Student" only if you were a FULL time student during this pregnancy and had NEVER held a full time job.
- 31F. & 32E. Kind of Business or Industry:** Examples of businesses or industries are government, retail store, farming, manufacturing, construction, insurance, chemical, etc.
- 36A. Date of Last Menses:** This is the first day of your last menstrual period for this pregnancy. If the exact date is unknown but the month and year are known, please estimate the day.
- 38. Number of Prior Pregnancy Outcomes:** Report information about all of the mother's prior pregnancies in the appropriate boxes. The last box (labeled *Pregnancies*) is for the total number of prior pregnancies.
- 39B. Date of Last Live Birth:** Enter the month and year of the mother's last live birth. Do not enter the date of this live birth if it is a single birth. If this is the mother's first live birth, leave this item blank. If this certificate is for the second, third, etc. member of a set, then the required date is the month and year of the last set member born alive prior to the child named on the certificate.
- 39C. Other Pregnancy Outcomes:** If this is the mother's first delivery or if all previous deliveries resulted only in live born infants, leave this item blank. For a multiple delivery, if this certificate is for the second, third, etc. member of the set and previously delivered set members were born dead, then enter the month and year of the last set member born dead.
- 42. Infections:** Check only those items that apply during this pregnancy.
- 43A. Daily Tobacco Use:** Indicate the average number of cigarettes or packs the mother smoked per day during the periods indicated.