ATTACHMENT 3: Data Elements on the Certificate of Parentage Database

Agency Information	
AGENCY/ENTITY COMPLETING FORM	HOSPITAL/BIRTH FACILITY NAME

Child's Information	
NAME ON ORIGINAL BIRTH CERTIFICATE	DATE OF BIRTH
NEW LAST NAME TO BE	CITY/TOWN OF BIRTH
SEX	COUNTY OF BIRTH
SOCIAL SECURITY NUMBER	

Mother's Information	
NAME	MAILING ADDRESS STATE
PHONE NUMBER	MAILING ADDRESS ZIP CODE
SOCIAL SECURITY NUMBER	EMPLOYER NAME AND ADDRESS
DATE OF BIRTH	EMPLOYER CITY/TOWN
CITY/TOWN OF BIRTH	EMPLOYER STATE
COUNTY OF BIRTH	EMPLOYER ZIP CODE
STATE OF BIRTH	MARITAL STATUS AT CONCEPTION/BIRTH
COUNTRY OF BIRTH	DATE MOTHER SIGNED
MAILING ADDRESS	DATE NOTARY PUBLIC/WITNESS SIGNED
MAILING ADDRESS CITY/TOWN	

Father's Information	
NAME	MAILING ADDRESS CITY/TOWN
PHONE NUMBER	MAILING ADDRESS STATE
SOCIAL SECURITY NUMBER	MAILING ADDRESS ZIP CODE
DATE OF BIRTH	EMPLOYER NAME AND ADDRESS
CITY/TOWN OF BIRTH	EMPLOYER CITY/TOWN
COUNTY OF BIRTH	EMPLOYER STATE
STATE OF BIRTH	EMPLOYER ZIP CODE
COUNTRY OF BIRTH	DATE FATHER SIGNED
MAILING ADDRESS	DATE NOTARY PUBLIC/WITNESS SIGNED