FOR OUR SINGLE MOTHERS

If you are a single mother, defined by the State of Georgia as not married either at the time of conception or birth, the name of the child's father will not be entered on the certificate of birth without his consent and the consent of the mother.

The Paternity Acknowledgement Form is a sworn statement of the unmarried mother and the person named as the father to be accepted as authority to enter the father's name on the record of live birth.

1. The person named as the father must present proper identification, preferably a picture I.D. and a Social Security number.

2. Both parents must sign the Paternity Acknowledgement Form in the presence of the Vital Records Coordinator during regular business hours, generally between 7:00 A.M. - 3:30 P.M.

This form must be executed and filed along with the Certificate of Live Birth to the State Department of Vital Records.

If the father is not available before the mother's discharge, both the father and mother will be referred to the State Vital Records Office. Do not contact the hospital because we will be unable to assist you after discharge. There is no charge to file this form before your child's first birthday.

If the mother and father agree to completion of this form, please contact the Vital Records Coordinator at extension 7793. The Vital Records Coordinator is available Monday-Friday from 7:00 A.M. - 3:30 P.M. to assist you with the completion of the Paternity Acknowledgement Form. The form will be prepared after you submit the completed Birth Certificate Processing Brochure to the Vital Records Coordinator.

MISC107940 (6/14)

EMORY JOHNS CREEK HOSPITAL

Birth Certificate Processing



Congratulations on the birth of your child!

Emory Johns Creek Hospital is pleased that you chose us for your birth experience. We would like to help you complete the paperwork necessary to register your child's birth in accordance with the laws of the State of Georgia. This brochure will help you do that.

BIRTH CERTIFICATION SERVICES

The information which you enter inside will be collected by our Vital Records Coordinator. We will make every effort to review this information with you. If you are discharged early, late or on a weekend, however, this may not occur. If we miss you in person and need further information, we will call you on the next business day to verify the information. Your signature is not required by the laws of the State of Georgia for the certification to be valid.

When completed, you will receive a "Confirmation of Birth" from the hospital with instructions on how to receive a certified copy of your child's certificate.

In the case of unwed parents where the father consents to have his name appear on the certificate, a Paternity Acknowledgement Form must be completed and signed. This is described on the back page.

The hospital must rely on the information you provided at the time of registration in determining your marital status. We will not be responsible for false information given. Your child's birth certificate will reflect the information in your record.

The Vital Records Coordinator is available Monday - Friday, generally between 7:00 A.M. - 3:30 P.M. The Coordinator may be contacted at 678-474-7793.

BIRTH CERTIFICATION DATA

Please complete the following information for your child's birth certificate. All information must be provided per state law:

A. Information about your child: Date of Birth: _____

Time: _____ : _____ ❑ AM ❑ PM Sex: ❑ M ❑ F

1. Full Name: _____
   FIRST MIDDLE LAST (JR, III, ETC.)

B. Information about the Mother:

1. Full Name: _____
   FIRST MIDDLE LAST
2. Mother's Name Prior to First Marriage (Maiden Name): _____
3. Date of Birth: _____
4. Birthplace (Country or State): _____
5. Current Street Address: _____
   City: _____ County: _____
   State: _____ Zip Code: _____
   Lived at current address for: _____ Years _____ Months
6. Do you live inside the city limits? _____
7. Race: _____ Primary Language Spoken at home: _____
8. Circle Highest School Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12
   College: ❑ Associate ❑ Bachelor ❑ Master ❑ Doctorate
   ❑ Some College Credit but no degree
9. Social Security Number: _____
10. Employer's Name/Address: _____
    Kind of business or industry: _____
    Employed during last year ❑ Yes ❑ No
    Occupation: _____

C. Information about the Father:

1. Full Name: _____
   FIRST MIDDLE LAST
2. Date of Birth: _____
3. Birthplace (Country or State): _____
4. Race: _____
5. Circle Highest School Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12
   College: ❑ Associate ❑ Bachelor ❑ Master ❑ Doctorate
   ❑ Some College Credit but no degree
6. Social Security Number: _____
7. Employer's Name/Address: _____
   Kind of business or industry: _____
   Employed during last year ❑ Yes ❑ No
   Occupation: _____

D. Information about This Pregnancy:

1. Date of your last menstrual cycle: _____
2. Month of first prenatal care visit (first, second, etc): _____
   _____
3. Total number of prenatal visits: _____
4. Mother married to baby's father? ❑ Yes or ❑ No
5. Was tobacco used during pregnancy? _____
   If yes, average number of cigarettes per day: _____
6. Was alcohol used during pregnancy? _____
   If yes, average number of drinks per week: _____
7. Amount of weight gained during pregnancy: _____ lbs

E. Information about Previous Pregnancies:

❑ Check here if none

1. Number of live births (Do Not Include This Birth): _____
2. Number of children who have since died: _____
3. Month and year of last live birth (Not This Birth): _____
4. Number of spontaneous abortions (Miscarriages): _____
5. Number of induced abortions: _____
6. Month and year of last abortion, or miscarriage: _____
7. History of deafness, any family member? ❑ Yes ❑ No

F. Information about Person Completing Form:

1. Full Name: _____
2. Relationship to child: _____
3. Will you authorize the State to release this information to the Social Security Administration to obtain a Social Security number for your child? ❑ Yes ❑ No

   It takes your State about 3 weeks to notify the Social Security Administration (SSA) about your baby's birth.

   SSA will issue your baby a Social Security number.

   You should get your baby's Social Security card in about 4 weeks.

Home phone: (_____) _____