



## How to File for a Birth Certificate:

Filing a birth certificate in the state of Missouri for a homebirth is a relatively painless process! To make sure your baby has a legal birth certificate we will file within 5 days of delivery:

1. Fill out the Birth Worksheet below and submit to your midwife
2. She will send you a PDF or Photo of the official copy to look over and check for data errors, please look at it!
3. She will then release the paperwork for you file with the state via USPS mail – this is the only way to file in this state when birthing at home, so this will take weeks to process.
4. *Before your file:* you must get the certificate notarized by an official Notary Public with 2 witnesses before filing – you may schedule an appointment with the Notary in our office
5. *If you would like a copy of your birth certificate:* you must send a check of \$15 dollars with the application for the certificate – Make check payable to: Missouri Department of Health and Senior Services
6. A social security number will be automatically assigned to your baby via the state
7. Mail application (and \$15 check) to:
  - a. Missouri Department of Health and Senior Services  
Bureau of Vital Records  
P.O. Box 570  
Jefferson City, MO 65102

Birth Certificate Information Worksheet:

|                                                                   |                                                                                                                                                                                                                                                                                              |
|-------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Baby's first/middle/last name                                     |                                                                                                                                                                                                                                                                                              |
| Official legal name of mother/gestational parent                  |                                                                                                                                                                                                                                                                                              |
| Date of birth of mother/gestational parent                        |                                                                                                                                                                                                                                                                                              |
| Prior name (maiden) of mother/gestational parent                  |                                                                                                                                                                                                                                                                                              |
| Birth country and state of mother/gestational parent              |                                                                                                                                                                                                                                                                                              |
| Father's/Partner's current legal name                             |                                                                                                                                                                                                                                                                                              |
| Father's/Partner's date of birth                                  |                                                                                                                                                                                                                                                                                              |
| Birth country and state for Father/Partner                        |                                                                                                                                                                                                                                                                                              |
| Permission to issue a social security number for baby?            | YES or NO                                                                                                                                                                                                                                                                                    |
| Mother/Gestational Parent social security number                  |                                                                                                                                                                                                                                                                                              |
| Father/Partner social security number                             |                                                                                                                                                                                                                                                                                              |
| Mother/Gestational Parent's highest level of education completed: |                                                                                                                                                                                                                                                                                              |
| Mother/Gestational Parent of Hispanic origin? Choose one:         | *None *Mexican/Mexican American/Chicana *Puerto Rican<br>*Cuban * Other _____                                                                                                                                                                                                                |
| Mother/Gestational Parent Race: Choose One                        | *Black or African American *Native American/Alaska Native (list name of tribe _____) *Asian Indian *Chinese *Filipino<br>*Japanese *Korean *Vietnamese *Other Asian _____<br>*Native Hawaiian *Guamanian or Chamorro *Samoan *Other Pacific Islander _____<br>*Other _____ * White * Unknown |
| Father/Partner highest level of education completed:              |                                                                                                                                                                                                                                                                                              |
| Father/Partner of Hispanic origin? Choose One                     | *None *Mexican/Mexican American/Chicana *Puerto Rican *Cuban<br>* Other _____                                                                                                                                                                                                                |

|                                                                                                        |                                                                                                                                                                                                                                                                                     |
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| Father/Partner Race: Choose One                                                                        | *Black or African American *Native American/Alaska Native (list name of tribe _____) *Asian Indian *Chinese *Filipino *Japanese *Korean *Vietnamese *Other Asian _____ *Native Hawaiian *Guamanian or Chamorro *Samoan *Other Pacific Islander _____ *Other _____ * White * Unknown |
| Mother/Gestational Parent height and weight before pregnancy                                           |                                                                                                                                                                                                                                                                                     |
| Mother/Gestational Parent weight at delivery                                                           |                                                                                                                                                                                                                                                                                     |
| Did you receive WIC during pregnancy?                                                                  | YES or NO                                                                                                                                                                                                                                                                           |
| Did you participate in Food Stamp program during pregnancy?                                            | YES or NO                                                                                                                                                                                                                                                                           |
| How many other live births have you had?                                                               |                                                                                                                                                                                                                                                                                     |
| Have you delivered a baby that has since died? If so, how many?                                        |                                                                                                                                                                                                                                                                                     |
| Have you suffered a pregnancy loss (miscarriage or abortion) or an ectopic pregnancy? If so, how many? |                                                                                                                                                                                                                                                                                     |
| What is the last date of your previous child's birth? (if applicable)                                  |                                                                                                                                                                                                                                                                                     |
| What is the date of your previous loss (miscarriage/abortion/ectopic pregnancy)?                       |                                                                                                                                                                                                                                                                                     |
| Did you smoke 3 months before your pregnancy?                                                          | # of cigarettes _____ or # of packs _____ per day                                                                                                                                                                                                                                   |
| Did you smoke during your 1 <sup>st</sup> trimester of pregnancy?                                      | # of cigarettes _____ or # of packs _____ per day                                                                                                                                                                                                                                   |
| Did you smoke during your 2 <sup>nd</sup> trimester of pregnancy?                                      | # of cigarettes _____ or # of packs _____ per day                                                                                                                                                                                                                                   |
| Did you smoke during your 3 <sup>rd</sup> trimester of pregnancy?                                      | # of cigarettes _____ or # of packs _____ per day                                                                                                                                                                                                                                   |