

Mother/Parent Information	25. Current Height Feet: _____ Inches: _____		26. Pre-Pregnancy Weight (pounds)		27. Were WIC benefits utilized during pregnancy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	28. Cigarette Smoking Before and During Pregnancy <input type="checkbox"/> Yes <input type="checkbox"/> No			Average number of cigarettes or packs per day: # of cigarettes # of packs		
			Three months before pregnancy _____ or _____			
			First three months of pregnancy _____ or _____			
			Second three months of pregnancy _____ or _____			
			Last three months of pregnancy _____ or _____			
Marital Status of Mother/Parent						
29. Is Mother/Parent married? (Check only one box)						
Important - Read before responding to marital status question: <i>If you were married at any time during your pregnancy, your spouse or partner is considered the other legal parent unless they complete a denial of parentage and another person acknowledges that they are the father/parent (chapter 26.26A RCW). To add someone other than your spouse or partner to the birth certificate, an Acknowledgment of Parentage form (DOH 422-159) and Denial of Parentage form (DOH 422-158) needs to be completed by all parties. Under Washington State law, a state-registered domestic partnership is considered the same as a marriage (chapter 26.60 RCW).</i>						
<i>If you were not married at any time during the pregnancy, complete an Acknowledgment of Parentage form to add the father/parent to the birth certificate.</i>						
Married - Yes			Married - No			
29a. <input type="checkbox"/> Yes, I am married to the other person identified in box #30.			29d. <input type="checkbox"/> No, I am not married. I am providing information about the father/parent in box #30. I will complete an Acknowledgment of Parentage form at the hospital. <i>Ask hospital staff for an Acknowledgment of Parentage form (DOH 422-159).</i>			
29b. <input type="checkbox"/> Yes, I am married but not to the other person identified in box #30. <i>Ask hospital staff for an Acknowledgment of Parentage form (DOH 422-159). You must complete this form, including the spouse's Denial of Parentage form (DOH 422-158).</i>			29e. <input type="checkbox"/> No, I am not married now, but I was married to the other person identified in box #30 at some time during this pregnancy.			
29c. <input type="checkbox"/> Yes, I am married but not providing the spouse or partner's information. <i>If this box is checked, the other parent will be listed on the birth certificate as "None Named".</i>			29f. <input type="checkbox"/> No, I am not married and not submitting a completed Acknowledgment of Parentage form with the father/parent's information. <i>If this box is checked, the other parent will be listed on the birth certificate as "None Named".</i>			
Father/ Parent's Information						
*30. Father/Parent's Current Legal Name						
First			Middle		Last	
*31. Date of Birth (MM/DD/YYYY) / /			*32. Birthplace (State, Territory, or Foreign Country)		33. Social Security Number	
34. Occupation (type of work done during last year.)				35. Kind of Business/Industry (do not use Company Name)		
36. Father/Parent Education Level (Check the box that best describes the highest degree or level of school completed at the time of delivery.)		37. Father/Parent of Hispanic Origin? (Check the box that best describes whether the father/parent is Spanish/Hispanic/Latino or check "No" box if not Spanish/Hispanic/Latino.)		38. Father/Parent Race (check one or more)		
1 <input type="checkbox"/> 8 th grade or less (specify): _____		1 <input type="checkbox"/> No, not Spanish/Hispanic/Latino		1 <input type="checkbox"/> White		
2 <input type="checkbox"/> 9 th – 12 th grade; no diploma		2 <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano		2 <input type="checkbox"/> Black or African American		
3 <input type="checkbox"/> High school graduate or GED		3 <input type="checkbox"/> Yes, Puerto Rican		3 <input type="checkbox"/> American Indian or Alaska Native (Name of enrolled or principal tribe)		
4 <input type="checkbox"/> Some college credit, but no degree		4 <input type="checkbox"/> Yes, Cuban		4 <input type="checkbox"/> Asian Indian		
5 <input type="checkbox"/> Associate degree (AA, AS, etc.)		5 <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (specify): _____		5 <input type="checkbox"/> Chinese		
6 <input type="checkbox"/> Bachelor's degree (BA, AB, BS, etc.)				6 <input type="checkbox"/> Filipino		
7 <input type="checkbox"/> Master's degree (MA, MS, MEd, MSW, MBA, etc.)				7 <input type="checkbox"/> Japanese		
8 <input type="checkbox"/> Doctorate (PhD, EdD, etc.) or professional degree (MD, DDS, DVM, LLB, JD, etc.)				8 <input type="checkbox"/> Korean		
				9 <input type="checkbox"/> Vietnamese		
				10 <input type="checkbox"/> Other Asian (specify): _____		
				11 <input type="checkbox"/> Native Hawaiian		
				12 <input type="checkbox"/> Guamanian or Chamorro		
				13 <input type="checkbox"/> Samoan		
				14 <input type="checkbox"/> Other Pacific Islander (specify): _____		
				15 <input type="checkbox"/> Other (specify): _____		