



Connecticut Department
of Public Health

Registration of a Home Birth

Parent's Guide

Prepared by
State of Connecticut
Department of Public Health
Vital Records Unit



Rev. 01/2022

CONGRATULATIONS ON THE BIRTH OF YOUR BABY!

The State of Connecticut wishes to make the filing of your home birth an easy task. There is information that you will need to provide to the Registrar of Vital Records *in the town in which your child was born* in order to register this birth. This booklet will detail the information required for filing this birth event with the town of birth.

The State of Connecticut requires that the birth worksheets be completed immediately following the birth. The parent(s) is responsible for completing the demographic **BIRTH PARENT'S WORKSHEET FOR CHILD BIRTH CERTIFICATE (v2003)**.

The **Medical Data Worksheet for the Live Birth Certificate (v2003)** is completed by:

- a) the attending practitioner in attendance at or immediately after the birth, or in the absence of such a person;
- b) the birth parent, the non-birth parent, or in the absence of the non-birth parent and the inability of the birth parent;
- c) any other person in attendance at or immediately after the birth.

The birth must be filed with the Registrar of Vital Records in the town in which the child was born not later than ten days after the birth. Prior to the preparation and filing of the birth certificate, the parent(s) need to provide the town Registrar of Vital Records with documentation to prove both pregnancy and birth.

Affidavit forms are provided in this packet for you to establish proof of pregnancy and proof of birth. They must be completed and signed in front of a Notary Public.

If birth parent and non-birth parent are not married, an Acknowledgment of Parentage form must be completed and signed by the birth parent and the non-birth parent before the non-birth parent's information can be placed on the birth certificate. This form is available at the Vital Records Office in the town of birth.

The State of Connecticut Department of Public Health works in coordination with the Social Security Administration to provide the opportunity for parents to secure a Social Security Number for their newborn. If you would like to have this service provided then read, complete, and sign the form entitled Social Security Number for Newborns, which is provided in this packet.

Also included in this packet is the CT-WiZ handout from the CT DPH Immunization program. CT-WiZ is a registry that maintains a permanent record of your child's immunizations for you and your pediatrician.

In addition, at the time of registration, the Registrar will also request to be provided with proof of residency and with photographic identification. Please refer to the list of acceptable documents.

REQUIRED DOCUMENTATION

The following list details the documentation that you need to provide to the Registrar of Vital Records in order to properly file your home birth. *Please keep in mind that the Registrar has the authority and responsibility to determine that the evidence presented is authentic and true.*

Proof of Pregnancy

(ONE of the following must be provided):

A. Signed and dated report from physician, clinic, or CT licensed midwife that provided prenatal care to the birth parent (this report must be made on physician, clinic, or midwife's letterhead stationery),

-OR-

B. Notarized affidavits from **two adults**, other than the birth parent or the non-birth parent, having firsthand knowledge of the pregnancy,

-OR-

C. A signed and dated report from a practitioner or clinic that provided postpartum care to the birth parent within twenty-four hours after the birth (this report must be made on physician or clinic letterhead stationery).

Proof of Birth

(ALL of the following are required)

A. A notarized affidavit by the birth parent attesting to the date, time, and place of the live birth as well as **notarized affidavits from all adult witnesses to this birth**,

-AND-

B. A signed and dated report from either the physician or clinic providing medical care to the newborn within 24 hours after the birth, or documentation of the earliest date of medical care given to the infant.

Proof of Residency	Proof of Identity
<p>(One of the following may be submitted)</p> <ul style="list-style-type: none">• Mortgage statement or lease agreement which includes birth parent's name and address• Utility bill showing birth parent's name and address• Birth parent's Driver's license• Automobile registration showing birth parent's name and address• Checking account deposit slip showing birth parent's name and address• Birth parent's Voter Registration card• State issued identification card which includes birth parent's residency• Any additional form of documentation deemed necessary by the Registrar of Vital Records	<ul style="list-style-type: none">• Government issued photographic identification, or if a photo ID is not available, at least <u>two</u> of the following:<ul style="list-style-type: none">• Social Security card• Automobile registration• Utility bill showing name and address• Checking account deposit slip showing name and address• Voter registration card• Written verification of identity from employer

PARENT'S CHECKLIST

Did you remember to provide the following information?

- Proof of Pregnancy Documentation
- Proof of Birth Documentation
- Proof of Residency
- Proof of Identity
- Completed Birth Parent's Worksheet For Child Birth Certificate (v2003)
- Completed Medical Data Worksheet for the Live Birth Certificate
- Completed Acknowledgment of Parentage form (if applicable)
- Completed Social Security Number for Newborns form
- Completed Connecticut Higher Education Trust (CHET)

AFFIDAVIT OF BIRTH PARENT TO THE BIRTH

STATE OF CONNECTICUT

TOWN OF _____

I, _____, under penalty of perjury, hereby depose and say:
(Full name of Birth Parent)

1. I am over 18 years of age and understand the obligations of an oath.

2. I am a resident of _____.
(Town and state)

3. On _____ at _____ I gave birth to my son/daughter (circle one),
(date) (time-denote am or pm)

_____ at _____,
(Full name of child) (number and street address of birthplace)

_____ (Town) _____ (State) _____ (Zip code)

(Printed name of Birth Parent)

(Residence no. and street)

_____ (town) _____ (state) _____ (zip code)

(Signature of Birth Parent)

Subscribed and sworn to before me
this _____ day of _____, _____.

Notary Public

Date Commission Expires: _____

AFFIDAVIT OF NON-BIRTH PARENT TO THE BIRTH

STATE OF CONNECTICUT

TOWN OF _____

I, _____, under penalty of perjury, hereby depose and say:
(Full name of Non-Birth Parent)

1. I am over eighteen years of age and understand the obligations of an oath.

2. I am a resident of _____.
(Town and state)

3. On _____ at _____, I witnessed _____
(date) (time- denote am or pm) (Full name of Birth Parent)

give birth to our son/daughter (circle one), _____
(Full name of child)

at _____,
(Number and street address of birthplace) (Town) (State) (Zip code)

(Printed name of Non-Birth Parent)

(Residence no. and street)

(Town) (State) (Zip code)

(Signature of Non-Birth Parent)

Subscribed and sworn to before me
this _____ day of _____, _____.

Notary Public

Date Commission Expires: _____

AFFIDAVIT OF WITNESS TO THE BIRTH

STATE OF CONNECTICUT

TOWN OF _____

I, _____, under penalty of perjury, hereby depose and say:
(Full name of witness)

1. I am over eighteen years of age and understand the obligations of an oath.

2. I am a resident of _____.
(Town and state)

3. My relationship to the Birth Parent is _____.
(State relationship)

4. On _____ at _____, I witnessed _____
(date) (time-denote am or pm) (full name of Birth Parent)

give birth to their son/daughter (circle one) at _____,
(Number and street address of birthplace)

(town) (state) (zip code)

(Printed name of witness)

(Residence no. and street)

(town) (state) (zip code)

(Signature of witness)

Subscribed and sworn to before me
this _____ day of _____.

Notary Public

Date Commission Expires: _____

AFFIDAVIT OF WITNESS TO THE BIRTH

STATE OF CONNECTICUT

TOWN OF _____

I, _____, under penalty of perjury, hereby depose and say:
(Full name of witness)

1. I am over eighteen years of age and understand the obligations of an oath.

2. I am a resident of _____.
(Town and state)

3. My relationship to the Birth Parent is _____.
(State relationship)

4. On _____ at _____, I witnessed _____
(date) (time-denote am or pm) (full name of Birth Parent)

give birth to their son/daughter (circle one) at _____,
(Number and street address of birthplace)

(town) (state) (zip code)

(Printed name of witness)

(Residence no. and street)

(town) (state) (zip code)

(Signature of witness)

Subscribed and sworn to before me
this _____ day of _____, _____.

Notary Public

Date Commission Expires: _____

AFFIDAVIT OF WITNESS TO THE PREGNANCY

STATE OF CONNECTICUT

TOWN OF _____

I, _____, under penalty of perjury, hereby depose and say:
(Full name of witness)

1. I am over eighteen years of age and understand the obligations of an oath.

2. I am a resident of _____.
(Town and state)

3. I have known _____ for _____ months/years (circle one).
(Full name of Birth Parent) (number)

4. My relationship to the Birth Parent is _____
(State relationship)

5. I met with _____ on _____ at _____
(Full name of Birth Parent) (date) (place)

6. I observed that Birth Parent was pregnant at the time.

(Printed name of witness)

(Residence no. and street)

(town)

(state)

(zip code)

(Signature of witness)

Subscribed and sworn to before me
this _____ day of _____, _____.

Notary Public

Date Commission Expires: _____

AFFIDAVIT OF WITNESS TO THE PREGNANCY

STATE OF CONNECTICUT

TOWN OF _____

I, _____, under penalty of perjury, hereby depose and say:
(Full name of witness)

1. I am over eighteen years of age and understand the obligations of an oath.

2. I am a resident of _____.
(Town and State)

3. I have known _____ for _____ months/years (circle one).
(Full name of Birth Parent) (number)

4. My relationship to the birth parent is _____
(State relationship)

5. I met with _____ on _____ at _____
(Full name of Birth Parent) (date) (place)

6. I observed that Birth Parent was pregnant at the time.

(Printed name of witness)

(Residence no. and street)

_____ (Town) _____ (State) _____ (Zip code)

(Signature of witness)

Subscribed and sworn to before me
this _____ day of _____.

Notary Public

Date Commission Expires: _____

Social Security Numbers for Newborns

The State of Connecticut Department of Public Health and the Federal Social Security Administration are offering you this valuable service.

A NOTE FROM SSA:

The easiest time to get a Social Security Number for your child is when you give information for your child's birth certificate. If you wait to apply at a Social Security office, you will need to provide proof of your child's U.S. Citizenship, age and identity. Social Security will also need to verify your child's birth certificate which may take up to 12 weeks.

By completing this form and requesting a Social Security number for your new baby, the State of Connecticut Department of Public Health will electronically transmit your request to the Federal Social Security Administration. A Social Security card will be mailed to you within 3 weeks, eliminating the need for you to personally visit a Social Security office with evidence of your child's identity, birth date and citizenship.

Must your child have a Social Security Number? No, it is voluntary. However, your child will need a Social Security Number in order for you to claim your child on your income tax return, open a bank account for your child, buy savings bonds for your child, obtain medical coverage for your child, apply for government services for your child.

Social Security rarely uses the information you supply for any purpose other than for issuing a Social Security number and card. However, we may use it for the administration and integrity of Social Security programs. We may also disclose information to another person or to another agency in accordance with approved routine uses, which include but are not limited to the following:

1. To enable a third party or an agency to assist Social Security in establishing rights to Social Security benefits and/or coverage;
2. To comply with Federal laws requiring the release of information from Social Security records (e.g. to the Government Accountability Office and Department of Veteran's Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, state, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

Social Security may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies.

FOR INFORMATION OR ANSWERS TO YOUR SOCIAL SECURITY QUESTIONS, Please contact the Federal Social Security Administration at www.socialsecurity.gov or call toll free: 1-800-772-1213 (for deaf or hard of hearing: call the TTY line at 1-800-325-0778).

ENUMERATION AT BIRTH CONSENT FORM

Baby's Name as Reported on Birth Certificate:

(A Social Security number cannot be issued for a child that has not been named)

1) Do you want a Social Security Number issued for your baby?

- YES NO

2) Do you authorize the Social Security Administration to provide the Social Security number to the State of Connecticut to add it to the State's birth file? (The confidentiality of Connecticut birth records is protected by state statute (§CGS 7-51))

- YES NO

Signature of Parent _____ Date _____



STATE OF CONNECTICUT

TREASURER SHAWN T. WOODEN

Congratulations on your new baby! As the father of two boys, I remember the joy of this experience well and I am very happy for your new gift of life.

In all the excitement of this wonderful moment, saving for your child's college education is probably the last thing on your mind. But right now is actually the perfect time to get started.

I am in charge of the state's college-savings program, the Connecticut Higher Education Trust (CHET), which includes the CHET Baby Scholars initiative to give you a head start on having the resources to send your child to college.

With this initiative, when you open a CHET account, the state will deposit the first \$100, without any contribution from you. If you contribute \$150, or save \$150 within the first four years, the state will give you an additional \$150 to put into your child's savings account!

I've had CHET accounts for my kids for a number of years. But I can honestly tell you that I wish I opened them up much earlier than I did.

All you have to do to get started is complete the information at the bottom of this form. Just by checking the box, you will put your child on the path forward to wherever their dreams may take them.

CHET will send you an application packet to help you open the account, or you can open an account online and sign up for CHET Baby Scholars at www.aboutchet.com/babyscholars.

In only minutes, you can start building your child's foundation to a lifetime of success!

Sincerely,



Shawn T. Wooden
Connecticut State Treasurer

The CHET direct-sold plan is administered by the Office of Connecticut State Treasurer Shawn T. Wooden.
TIAA-CREF Individual & Institutional Services, LLC, Member FINRA and SIPC, distributor and underwriter for CHET. 877588

Yes, please send me information about the CHET Baby Scholars program.

Child's Name _____ Mother's Name _____

Child's Date of Birth _____ Child's State of Residency _____

(NOTE: the child must reside in Connecticut to participate in the CHET Baby Scholars program.)

Números de seguro social para recién nacidos

El Departamento de Salud Pública del Estado de Connecticut y la Administración Federal de Seguro Social le ofrecen este valioso servicio.

NOTA DEL SSA:

El momento más oportuno para obtener un número de seguro social para su niño(a) es cuando aporta los datos para el acta de nacimiento del niño/la niña. Si espera para realizar una solicitud en la oficina de Seguro Social, deberá probar la ciudadanía estadounidense, la edad y la identidad de su niño(a). La oficina de Seguro Social también necesitará comprobar el acta de nacimiento del niño/la niña, lo que puede demorar hasta 12 semanas.

Si completa este formulario y solicita un número de seguro social para su bebé, el Departamento de Salud Pública del Estado de Connecticut transmitirá su solicitud de forma electrónica a la Administración Federal de Seguro Social. Se le enviará una tarjeta de seguro social por correo en un plazo de 3 semanas, lo que eliminará la necesidad de que se presente en persona en la oficina de Seguro Social con pruebas de la identidad, la fecha de nacimiento y la ciudadanía del niño(a).

¿Es obligatorio que su niño(a) tenga un número de seguro social? No, es voluntario. Sin embargo, su niño(a) deberá tener un número de seguro social para que usted pueda declararlo en su declaración de impuestos a las ganancias, para abrir una cuenta bancaria para el niño/la niña, para comprarle bonos de ahorro, obtener cobertura médica para el niño/la niña, solicitar servicios gubernamentales para el niño/la niña.

El Seguro Social rara vez utiliza los datos que usted proporciona para fines diferentes de la asignación de un número y una tarjeta de seguro social. No obstante, existe la posibilidad de que la utilicemos para la administración e integridad de los programas del Seguro Social. También es posible que divulguemos datos a otra persona o agencia de acuerdo con los usos de rutina aprobados que incluyen, entre otros, los siguientes:

1. Habilitar a un tercero o a una agencia para que asista al Seguro Social en el establecimiento de derechos relacionados con los beneficios o la cobertura del Seguro Social;
2. Cumplir con las leyes federales que exigen la divulgación de datos de los registros del Seguro Social (por ej., a la Oficina de Rendición de Cuentas de los E.E.U.U. y al Departamento de Asuntos de Veteranos);
3. Determinar la elegibilidad para programas similares de mantenimiento de la salud y los ingresos a nivel federal, estatal y local; y
4. Facilitar la investigación estadística y las tareas de auditoría o investigación necesarias para garantizar la integridad de los programas del Seguro Social.

El Seguro Social también podrá utilizar los datos que usted proporcione en programas de cotejo electrónico de datos. Los programas de cotejo electrónico de datos comparan nuestros registros con aquellos que poseen otras agencias gubernamentales federales, estatales o locales.

PARA OBTENER INFORMACIÓN O RESPUESTAS A SUS PREGUNTAS ACERCA DEL SEGURO SOCIAL, comuníquese con la Administración Federal de Seguro Social al www.socialsecurity.gov o llame a la siguiente línea gratuita: 1-800-772-1213 (para personas sordas o con problemas de audición: llame a la línea TTY al 1-800-325-0778).

FORMULARIO DE CONSENTIMIENTO PARA LA INSCRIPCIÓN DEL NACIMIENTO

Nombre del bebé como aparece en el acta de nacimiento:

(No se puede emitir un número de seguro social para un(a) niño(a) que aún no tenga nombre)

1) ¿Desea que se le asigne un número de seguro social a su bebé?

SÍ NO

2) ¿Autoriza a la Administración de Seguro Social proporcionarles el número de seguro social al estado de Connecticut para que lo incluya en el registro de nacimientos del estado? (La confidencialidad de los registros de nacimientos de Connecticut está protegida por la ley estatal (§CGS 7-51))

SÍ NO

Firma del padre/la madre _____ Fecha _____



STATE OF CONNECTICUT
TREASURER SHAWN T. WOODEN

¡Felicitaciones por su nuevo bebé! Como padre de dos varones, recuerdo bien la alegría que sentí en esta experiencia y estoy muy contento por este nuevo regalo que la vida les dio.

Con tanta emoción vivida en este maravilloso momento, ahorrar para la educación universitaria de su hijo seguramente sea lo último que tenga en mente. Pero lo cierto es que ahora es el momento ideal para comenzar a planearlo.

Estoy a cargo del programa estatal de ahorros universitarios, el Fondo de Educación Superior de Connecticut (CHET), que incluye la iniciativa CHET Baby Scholars que le da la posibilidad de obtener los recursos para enviar a su hijo a la universidad.

Con esta iniciativa, al abrir una cuenta CHET, el estado depositará los primeros \$100, sin exigirle ningún tipo de aportación. Si aporta \$150, o ahorra \$150 durante los primeros cuatro años, el estado le dará un importe adicional de \$150 para depositar en la cuenta de ahorros de su hijo.

He tenido cuentas CHET para mis hijos durante varios años. Pero, sinceramente, debería haberlas abierto mucho antes.

Para obtener una cuenta, solo debe completar la información que se encuentra al pie del formulario. Con solo marcar la casilla, podrá indicarle a su hijo el camino que lo ayudará a hacer sus sueños realidad.

CHET le enviará un paquete de solicitud para ayudarlo a abrir su cuenta, o bien puede hacerlo en línea e inscribirse en el programa CHET Baby Scholars en www.aboutchet.com/babyscholars.

En solo unos minutos, puede empezar a crear las bases necesarias para que su hijo tenga una vida exitosa.

Atentamente,



Shawn T. Wooden
Tesorera del Estado de Connecticut

El plan de venta directa de CHET es administrado por la Oficina del Tesorero del Estado de Connecticut Shawn T. Wooden. TIAA-CREF Individual & Institutional Services, LLC, Miembro del FINRA y el SIPC distribuidor y suscriptor para el CHET. 877588sp

Sí, envíeme información sobre el programa CHET Baby Scholars.

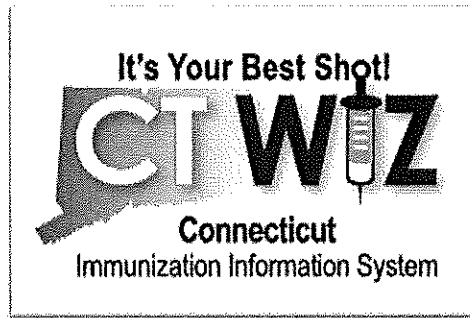
Nombre del niño _____ Nombre de la madre _____

Fecha de nacimiento del niño _____ Estado en el que reside el niño _____

(NOTA: El niño debe residir en Connecticut para participar en el programa CHET Baby Scholars.)

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



As required by law and to protect your child's health, your child's doctor will share immunization information (i.e., "shots" or "vaccines") with the State of Connecticut Department of Public Health (DPH). DPH will store your child's shots in its immunization system called CT WIZ. CT WIZ helps make sure children get shots needed to protect them against dangerous diseases. If your child's shot record is lost or not available, DPH can share it with you and your doctor. You can choose to exclude your child's shot information from CT WIZ by sending a signed written request to the DPH Immunization Program. Immunization systems help prevent and control disease. All information is kept confidential as required by law.

Según lo exige la ley y para proteger la salud de su hijo(a), el médico de su hijo(a) compartirá la información de inmunizaciones ("vacunas") con el Departamento de Salud Pública (DPH) del Estado de CT. DPH almacenará las vacunas de su hijo en su sistema de inmunización llamado CT WIZ. CT WIZ ayuda a asegurar que los niños reciban las vacunas necesarias para protegerlos contra enfermedades peligrosas. Si el registro de vacunas de su hijo se pierde o no está disponible, DPH puede compartirlo con usted y su médico. Usted puede optar por excluir la información de vacunas de su hijo de CT WIZ enviando una solicitud firmada por escrito al Programa de Inmunización de DPH. Los sistemas de inmunización ayudan a prevenir y controlar enfermedades. Toda la información se mantiene confidencial como lo exige la ley.

Connecticut Department of Public Health Immunization Program Fax 860-707-1925

Departamento de Salud Pública de Connecticut Programa de Inmunización Fax 860-707-1925

<https://portal.ct.gov/DPH/Immunizations/ALL-ABOUT-CT-WIZ>



USES OF BIRTH CERTIFICATES

Some of the most common uses of birth certificates are:



1. Establishing the date of birth and age for purposes, such as:
 - entering school
 - obtaining a driver's license
 - proving age for work for minors
 - proving sports eligibility for minors
 - proving age of majority or minority in court cases

2. Establishing a birthplace to prove citizenship for purposes, such as:
 - obtaining a passport
 - entering employment limited to citizens
 - obtaining licenses limited to citizens

3. Establishing family relationships for purposes, such as:
 - proving legal dependency
 - obtaining inheritance benefits
 - receiving insurance payments
 - conducting genealogy research

4. Providing public health information for purposes, such as:
 - evaluating prenatal care
 - immunizing children
 - caring for children with congenital anomalies or abnormal conditions
 - evaluating the needs for health facilities
 - planning and evaluating the effectiveness of family planning programs
 - monitoring risk factors that cause poor pregnancy outcomes