

MOTHER'S VERIFICATION CHECKLIST

Please bring this form with documentation to your appointment

Full name of child	First Name	Middle	Last
	Suffix	Sex	Date of Birth
Full name of mother	First Name	Middle	Last
Attendant Verification Anyone providing information on this form <i>(Physician, Certified Nurse-Midwife, Licensed Midwife, or anyone at least 18 years or older present at time of child's birth)</i>	First Name	Middle	Last
	Signature		Date
	Address		City
	State	Zip Code	County

The checklists below provide examples of the types of documentation that may be provided to the local health department to allow for the facts of birth to be verified. Additional or alternate documentation may be requested at the discretion of the Local Deputy Registrar.

Section 1: Proof of Identity of Parent(s)

One of the following valid, unexpired, government-issued documents:

- Driver's license;
- State issued photo identification card;
- Passport;
- Permanent resident card (Green Card); or
- Military identification card

Or:

- A signed statement that the mother does not have one of the identification documents above; and

Two (2) of the following documents that contain the applicant's name and current address:

- | | |
|---|---|
| <input type="checkbox"/> Utility bill; | <input type="checkbox"/> Income tax return; |
| <input type="checkbox"/> Car registration form; | <input type="checkbox"/> Income tax W-2 form; |
| <input type="checkbox"/> Pay stub; | <input type="checkbox"/> Lease or rental agreement; or |
| <input type="checkbox"/> Bank statement; | <input type="checkbox"/> Letter from a government agency. |

Section 2: Evidence of Pregnancy

One of the following:

- Ultrasound which includes the mother's name and date
- A prenatal or postnatal medical record that is consistent with the date of delivery and includes the mother's name, mother's date of birth, date of health exam, health care provider's signature, health care provider's printed name, signature date, and license number.
- A statement from a physician or certified nurse midwife licensed in the United States who has firsthand knowledge of the pregnancy and is willing to attest to the fact of pregnancy. The statement should include the mother's name, mother's date of birth, provider's printed name, signature, signature date, and license number.
- A prenatal or postnatal medical record that is consistent with the date of delivery and includes the mother's name, mother's date of birth, date of health exam, health care provider's signature, health care provider's printed name, signature date, and license number.
- Preregistration with the local health department during pregnancy, including a face to face interview.
- Documentation of a home visit by a public health nurse or other health care provider who has firsthand knowledge of the pregnancy.
- Other evidence acceptable to the Local Deputy Registrar (specify):

Section 3: Evidence that a live birth occurred

One of the following:

- A statement from a physician, certified nurse midwife, or other licensed health care provider who saw or examined the infant within the first two weeks of life;
- An observation of the infant during a home visit by a public health nurse or licensed health care provider within the first two weeks of life; or,
- Other evidence acceptable to the Local Deputy Registrar (specify):

Section 4: Evidence of mother's presence in Wake County on the date of the live birth

A. ***If the birth occurred in the mother's place of residence***, one of the following documents is acceptable by the local deputy registrar:

- Driver's License or other state-issued identification card that includes the mother's current address residence on the face of the license/card;
- Rent receipt, mortgage statement, or deed that includes the mother's name and Wake County address;
- Recent pay stub that includes mother's name and Wake County address; or

Other evidence acceptable to the Local Deputy Registrar (specify):

B. ***If the birth occurred outside of the mother's place of residence, and the mother is a resident of Wake County***, all of the following:

- Affidavit from the tenant of the premises where the birth occurred stating that the mother was present on those premises at the time of the birth; **and**
- Evidence of the mother's residence similar to that required in Section 4; **and**
- Evidence of the mother's residence in Wake County similar to that required in Section 4; **or**
- Other evidence acceptable to the local deputy registrar (specify):

C. If the mother is not a resident of Wake County, evidence must consist of clear and convincing evidence acceptable to the Local Deputy Registrar.

For Use by Local Health Department Only

The facts pertaining to the birth of _____ on _____
Full name of child Date of birth
in _____ have been verified to my satisfaction.
County

Local Deputy/Sub Registrar	Name (please print):	
	Signature	
	Individual Verifying information on this form	
	<u>Address:</u> Wake County Human Services Vital Records PO Box 14049 Raleigh, NC 27545	<u>Date:</u>