

VERIFICATION OF THE FACTS OF BIRTH

Full name of child		
Full name of mother		
Date of birth		
Physician, CNM or facility providing prenatal care	Name:	Address and phone number:
Individual providing information for this form	Name:	Address and phone number:

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 health officer.

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 of the following documents that contain the applicant's name and current address:

- Utility bill;
- Car registration form;
- Pay stub;
- Bank statement;
- Income tax return;
- Income tax W-2 form;
- Lease or rental agreement; or
- Letter from a government agency.

Section 2: Evidence of Pregnancy

One of the following:

- 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 first hand 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, and signature, signature date, and license number.
- Preregistration with the local health department during pregnancy, including a face to face interview and physical examination.
- Documentation of a home visit by a public health nurse or other health care provider who has first hand knowledge of the pregnancy.
- Other evidence acceptable to the local health officer (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 health officer (specify):

Section 4: Evidence of mother’s presence in Maryland on the date of the live birth

A. *If the birth occurred in the mother’s place of residence, one of the following deemed acceptable by the Health Officer:*

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

- Other evidence acceptable to the local health officer: (specify)

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

- An 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 affiant's residence similar to that required in Section 4; **and**
- Evidence of the mother's residence in the State similar to that required in Section 4; **or**
- Other evidence acceptable to the local health officer (specify):

C. If the mother is not a resident of Maryland, evidence must consist of clear and convincing evidence acceptable to the local health officer.

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 or Baltimore City

Local health officer	Name (please print):	Signature:	Date:
Individual verifying information on this form	Name and position:	Address and phone number:	