NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE
Oxiris Barbot, MD
Commissioner

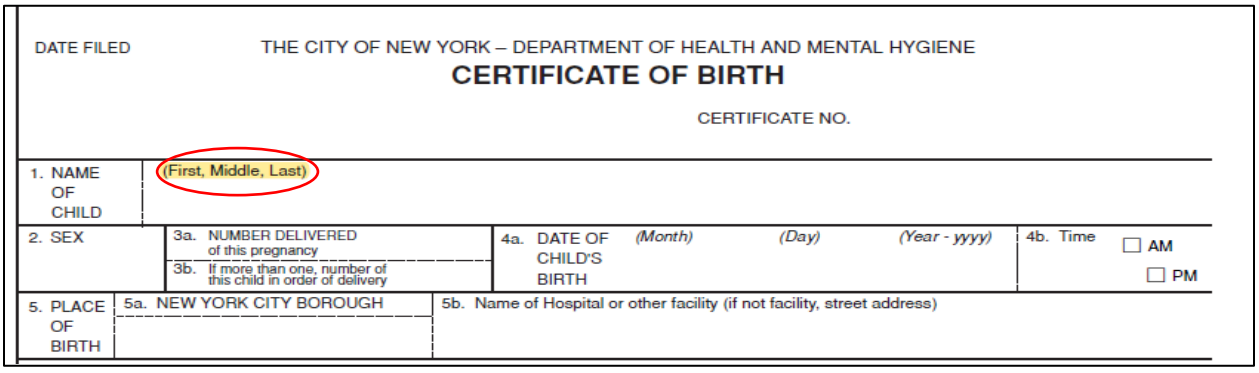
Guidance on Changes to NYC Department of Health and Mental Hygiene's

Certificate of Birth and Confidential Medical Report of Birth (VR6S)

The below guidance pertains to changes to New York City Vital Record forms that will be in effect January 2, 2020. Question numbers correspond to the box numbers on the certificates. Before and after images are included to show the changes that were made.

1. **Question 1**: Suffix added to Name of Child
    a. **Original**: (First, Middle, Last)
    b. **New**: (First, Middle, Last, Suffix)
    c. **Purpose**: To make it easier for families to add a suffix, such as Junior, II, etc. to an infant's name and to match the US Standard Birth Certificate

Current Birth certificate


DATE FILED

THE CITY OF NEW YORK – DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF BIRTH

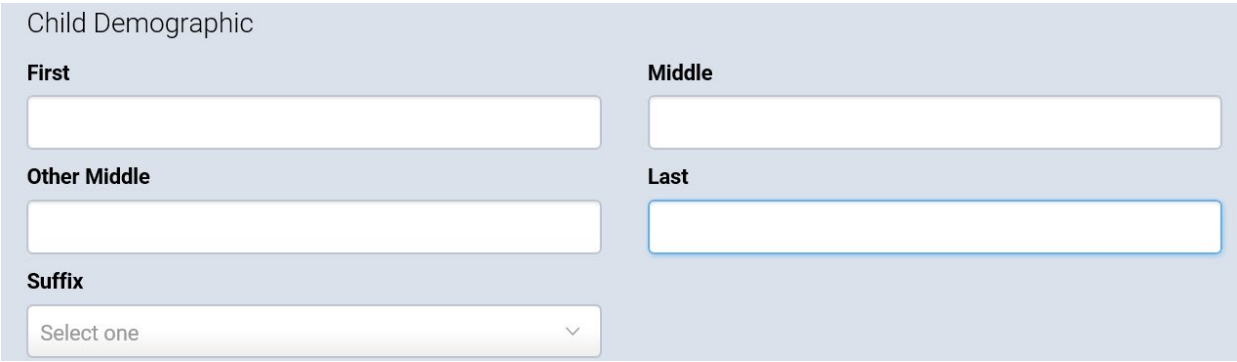
CERTIFICATE NO.

1. NAME OF CHILD (First, Middle, Last)

2. SEX | 3a. NUMBER DELIVERED of this pregnancy | 3b. If more than one, number of this child in order of delivery | 4a. DATE OF CHILD'S BIRTH (Month) (Day) (Year - yyyy) | 4b. Time ☐ AM ☐ PM

5. PLACE OF BIRTH | 5a. NEW YORK CITY BOROUGH | 5b. Name of Hospital or other facility (if not facility, street address)

Current eVital screenshot, no changes made to eVital


Child Demographic

First

Middle

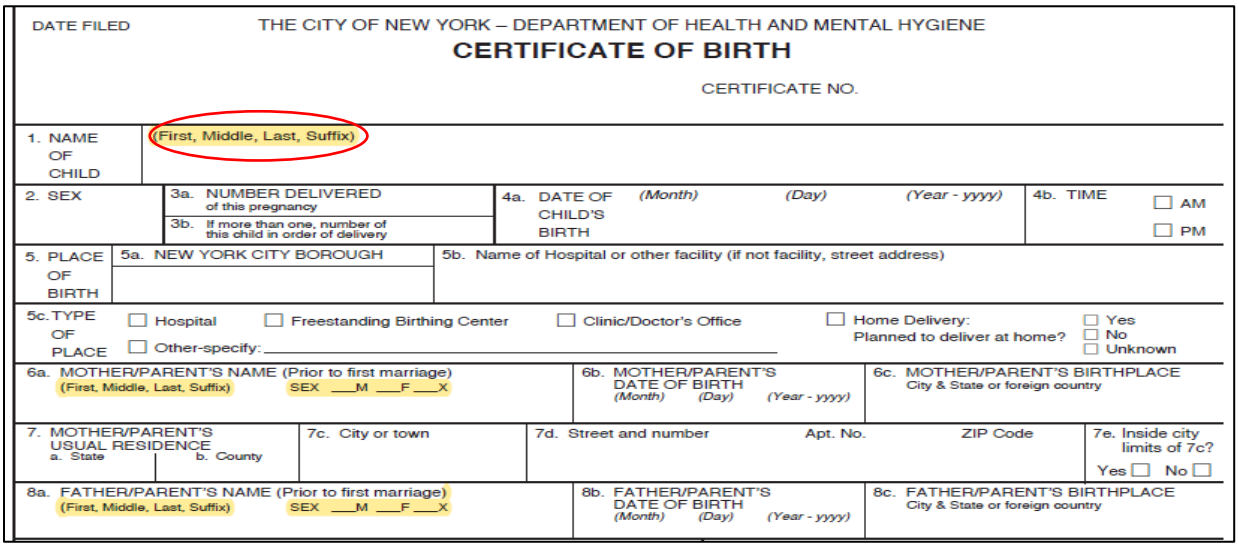
Other Middle

Last

Suffix

Select one

Updated Birth certificate



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CERTIFICATE NO.

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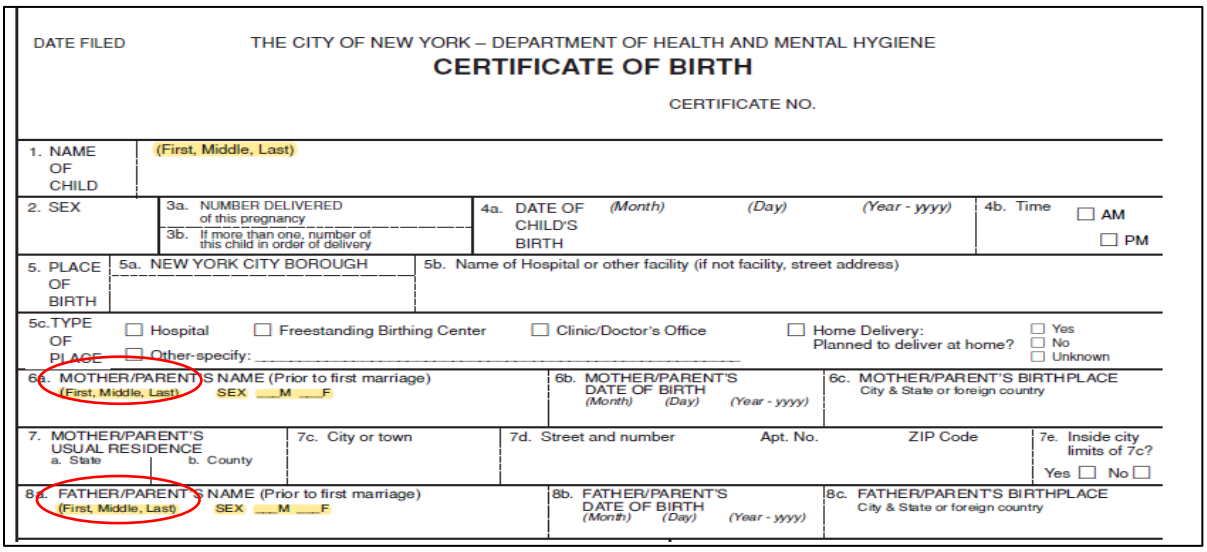
5. PLACE OF BIRTH	5a. NEW YORK CITY BOROUGH	5b. Name of Hospital or other facility (if not facility, street address)		
5c. TYPE OF PLACE	☐ Hospital ☐ Freestanding Birthing Center ☐ Clinic/Doctor's Office ☐ Other-specify:	☐ Home Delivery: Planned to deliver at home? ☐ Yes ☐ No ☐ Unknown		
6a. MOTHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last, Suffix) SEX ___M ___F ___X	6b. MOTHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy)	6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country		
7. MOTHER/PARENT'S USUAL RESIDENCE a. State b. County	7c. City or town	7d. Street and number Apt. No. ZIP Code	7e. Inside city limits of 7c? Yes ☐ No ☐	
8a. FATHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last, Suffix) SEX ___M ___F ___X	8b. FATHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy)	8c. FATHER/PARENT'S BIRTHPLACE City & State or foreign country		

2. **Question 6a and 8a**: Suffix added to parental name
    a. **Original**: (First, Middle, Last)
    b. **New**: (First, Middle, Last, Suffix)
    c. **Purpose**: To provide the opportunity to make the birth certificate more accurate and to match the US Standard Birth Certificate

Current Birth certificate



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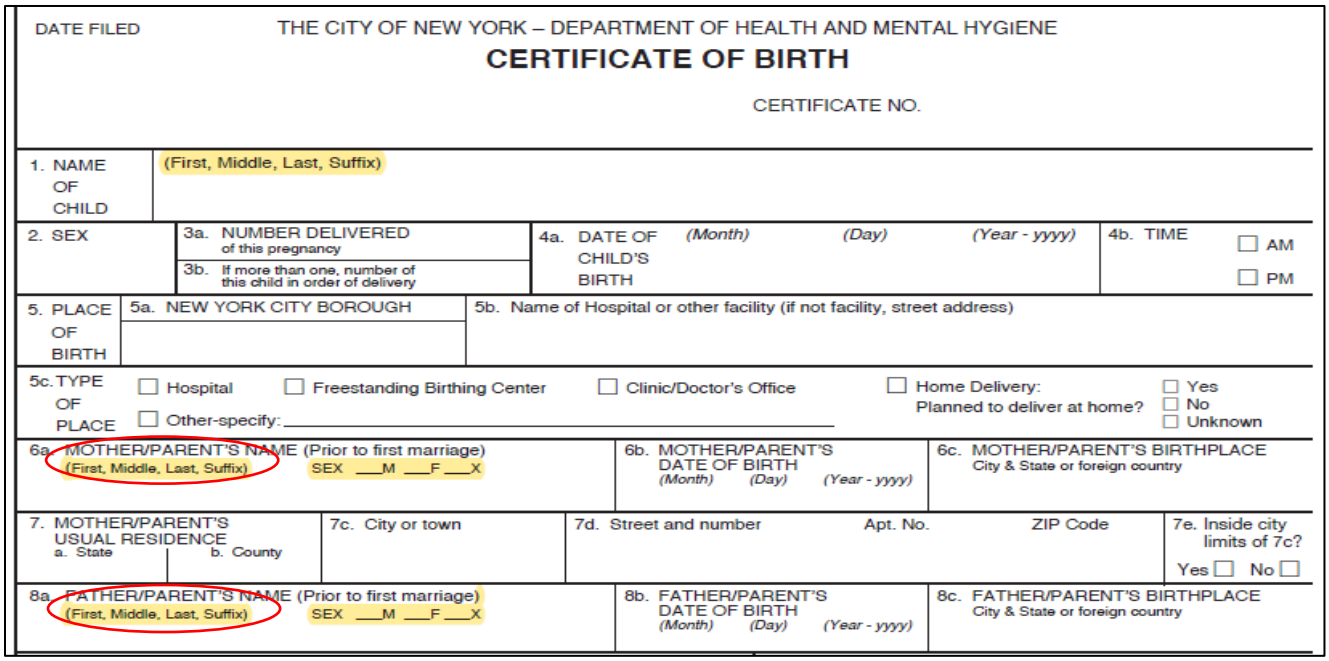
6a. MOTHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX ___M ___F	6b. MOTHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy)	6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country		
7. MOTHER/PARENT'S USUAL RESIDENCE a. State b. County	7c. City or town	7d. Street and number Apt. No. ZIP Code	7e. Inside city limits of 7c? Yes ☐ No ☐	
8a. FATHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX ___M ___F	8b. FATHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy)	8c. FATHER/PARENT'S BIRTHPLACE City & State or foreign country		

Updated Birth certificate



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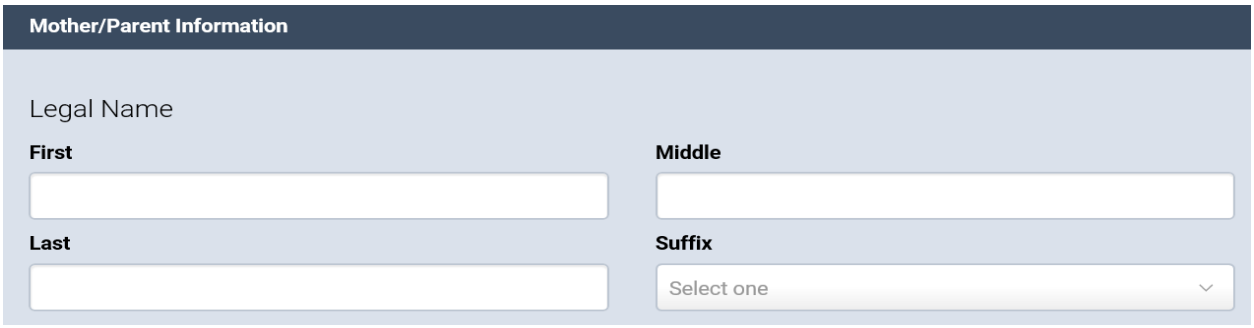
8a. FATHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last, Suffix) SEX ___M ___F ___X		8b. FATHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy)	8c. FATHER/PARENT'S BIRTHPLACE City & State or foreign country	

Current eVital screen, no changes made to eVital



Mother/Parent Information

Legal Name

First

Middle

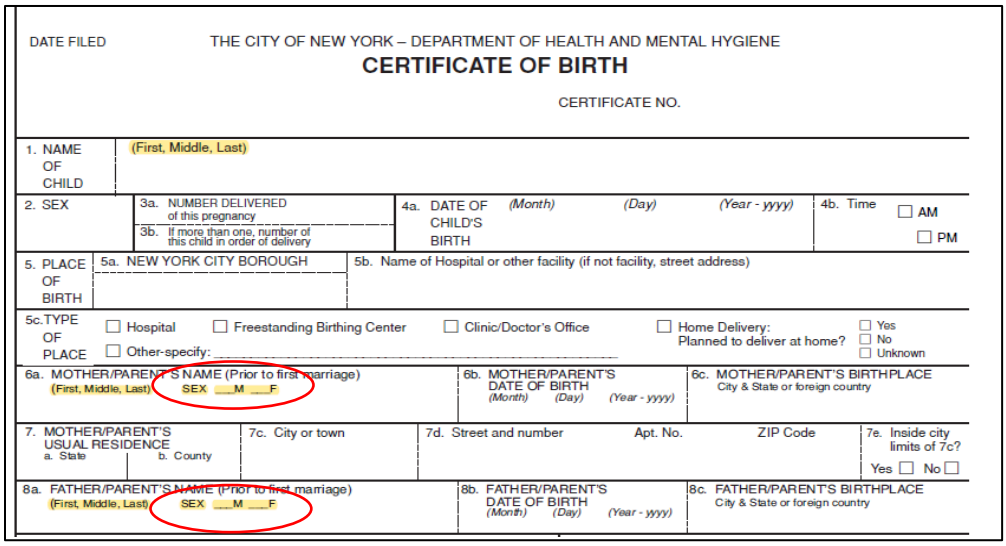
Last

Suffix

Select one

3. **Question 6a and 8a**: Adding option of Gender X for parental sex
    a. **Original**: Male or Female
    b. **New**: Male, Female, or X
    c. **Purpose**: To provide option of a gender marker for persons who do not identify exclusively as female or male

Current Birth certificate



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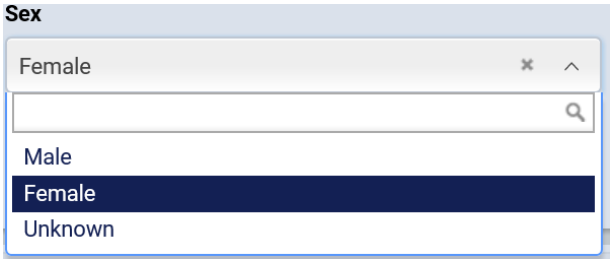
6a. MOTHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX ___M ___F | 6b. MOTHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy) | 6c. MOTHER/PARENT'S BIRTHPLACE City & State or foreign country

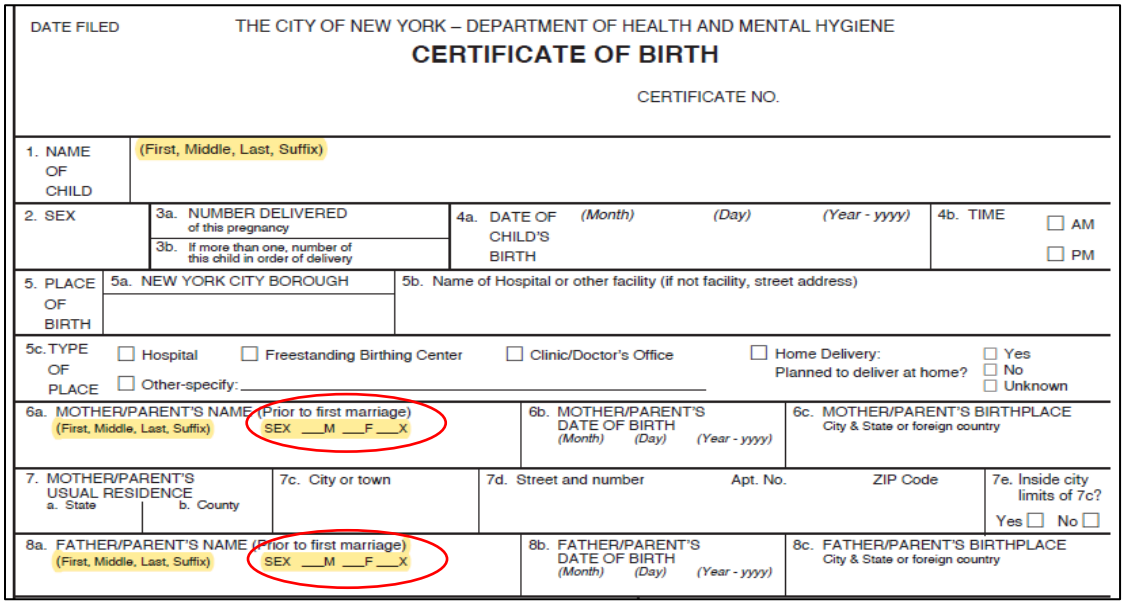
7. MOTHER/PARENT'S USUAL RESIDENCE a. State b. County | 7c. City or town | 7d. Street and number Apt. No. ZIP Code | 7e. Inside city limits of 7c? Yes ☐ No ☐

8a. FATHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last) SEX ___M ___F | 8b. FATHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy) | 8c. FATHER/PARENT'S BIRTHPLACE City & State or foreign country

Current eVital screen



Updated Birth certificate



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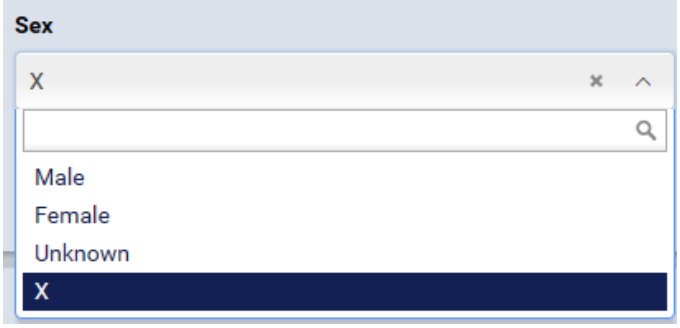
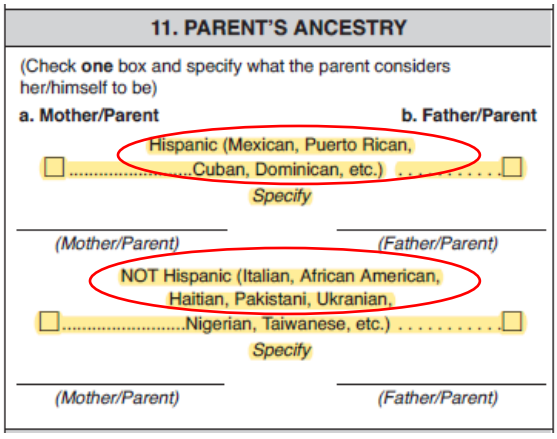
8a. FATHER/PARENT'S NAME (Prior to first marriage) (First, Middle, Last, Suffix) SEX ___M ___F ___X | 8b. FATHER/PARENT'S DATE OF BIRTH (Month) (Day) (Year - yyyy) | 8c. FATHER/PARENT'S BIRTHPLACE City & State or foreign country

New eVital screen

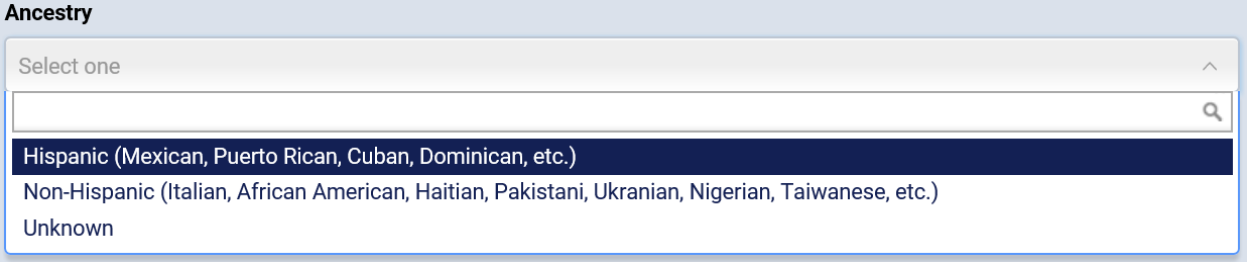


4. **Question** 11a and 11b: Adding Latino to ancestry label
    a. **Original**: Hispanic
    b. **New**: Hispanic/Latino
    c. **Purpose**: To be more inclusive and match the US Standard Birth Certificate

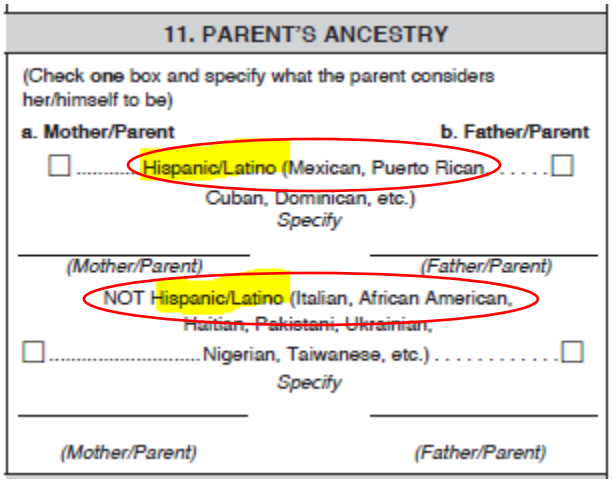
Current Birth certificate



Current eVital screen



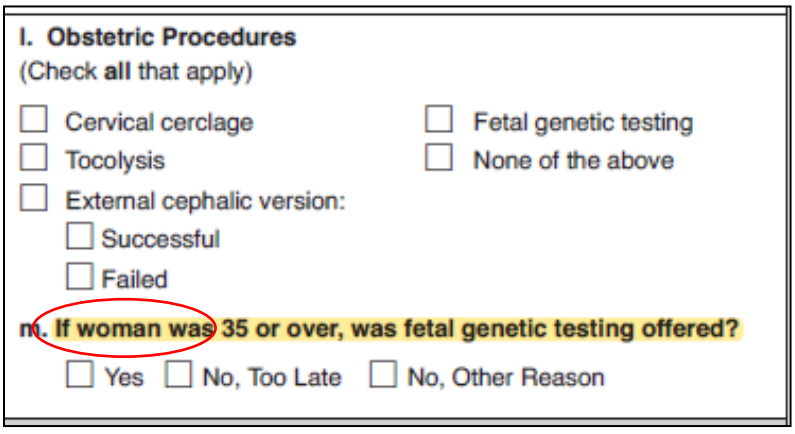
Updated Birth certificate



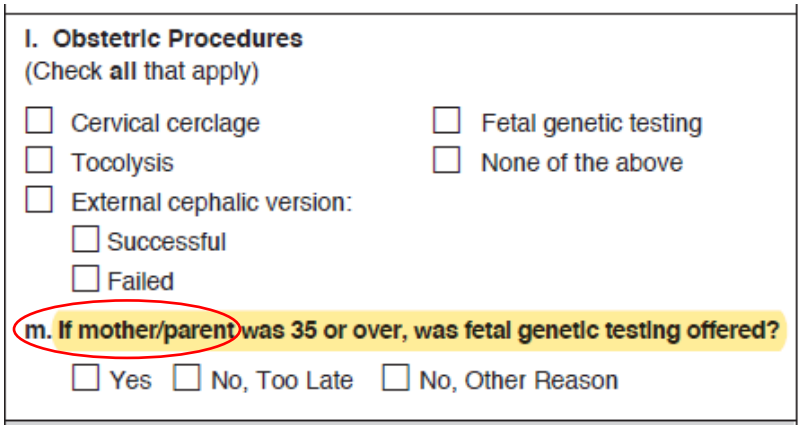
New eVital screen

5. **Question 16m**: Editing language for fetal genetic testing
    a. **Original**: If woman was 35 or over, was fetal genetic testing offered?
    b. **New**: If mother/parent was 35 or over, was fetal genetic testing offered?
    c. **Purpose**: To make language consistent with the rest of the form

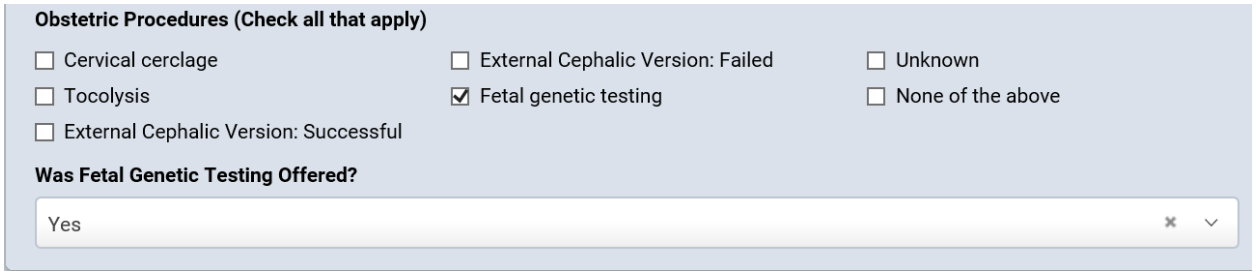
Current Birth certificate



Updated Birth certificate

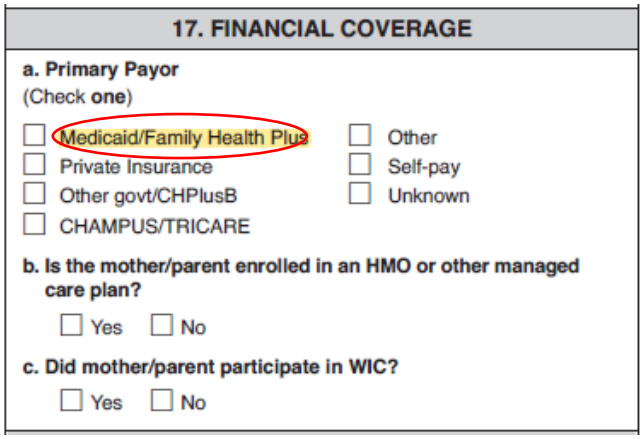


Current eVital screen, no changes made to eVital

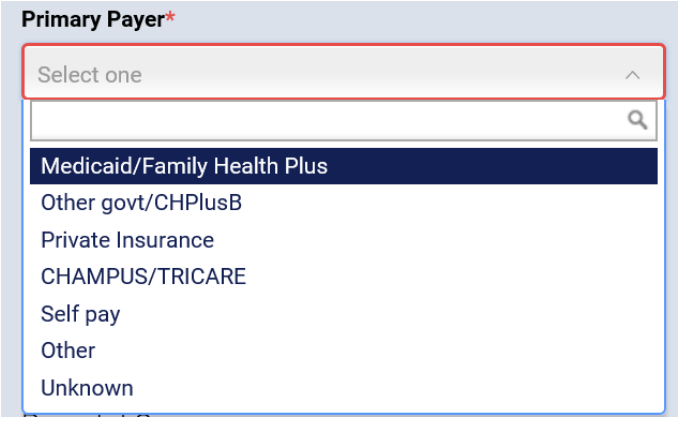


6. **Question 17a**: Remove 'Family Health Plus' from primary payor
    a. **Original**: Medicaid/Family Health Plus
    b. **New**: Medicaid
    c. **Purpose**: Family Health Plus no longer exists.

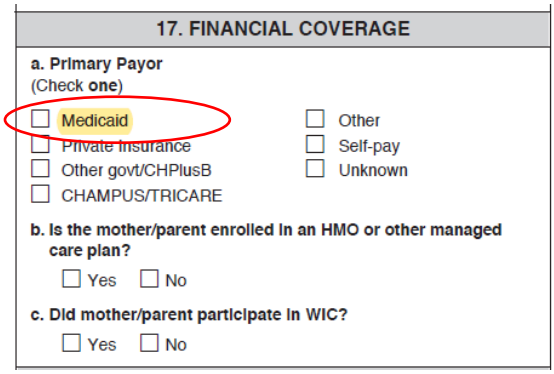
Current Birth Certificate



Current eVital screen (Prenatal Page)



Updated Birth Certificate



New eVital screen (Prenatal Page)