**BIRTH CERTIFICATE WORKSHEET**

This form will be used to create your baby's official birth certificate. Complete this form with as much of the information as possible, including full legal names. Return this form along with your pre‐admission paperwork to District One Hospital. If you have any questions, please contact the Women's Health Unit at 332‐4743. Thank you.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| PLEASE PRINT | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | DUE DATE | | | | |  |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **MOTHER** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NAME: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Maiden Surname: | | | | | | |  |  |  |  |
|  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | (First) | | | (Middle) | | |  |  |  | (Last) | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of Birth: | | |  |  |  | Birth Place (state or foreign country) | | | | | | | | | | | | |  |  |  | Marital Status: | | | | |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | |  |  |  | | | |  | |  |  |
|  |  |  | (Street) | | |  |  | (City) |  |  |  |  |  | (State) | | | | | (ZIP) | | | | | (County) | | |  |
| Mailing Address: | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  |  |  |  |  |  | | | |  |  |  | | | |  | |  |  |
| (if different) | | | (Street) | | |  |  | (City) |  |  |  |  |  | (State) | | | | | (ZIP) | | | | | (County) | | |  |
| Do you live inside the city limits? | | | | | | |  | Yes |  |  |  | No | |  |  | If no, Name of Township: | | | | | | | |  |  |  |  |
| Social Security Number: | | | | | | ‐ | ‐ | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | |  | | | |  |  | | | | |  |  |  |  |  |  |  | | | |  |  |  |  |
| Education (Highest grade completed) Elem/Secondary (0‐12) | | | | | | | | | | | | | |  |  |  |  |  | College (1‐4 or 5+) | | | | |  |  |  |  |
|  | | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Live Births (do not include this child) | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Number of children: living | | | | | |  |  |  | deceased | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Date of last live birth (month, year) | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | |  | | | | | |  | | | | |  |  |  |  |  |  |  |  |  |
| Other Terminations (spontaneous and/or induced at any time after conception) | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |
| Number of terminations: | | | | | |  |  |  |  | Date of last termination (month, year) | | | | | | | | | | | | | |  |  |  |  |
|  |  |  |  |  |  | | |  |  |  | | | | | | | | |  |  | | | | | |  |  |
|  |  |  |  |  | | | |  |  | | | | | | | | | |  |  | | | | | |  |  |
|  |  |  | \*\*Single mothers do not complete this area unless completing the Recognition of Parentage.\*\* | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **FATHER** | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NAME: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | | | |  |  |  |  |
|  |  |  | (First) | | |  |  |  |  |  |  | (Middle) | |  |  |  |  |  |  | (Last) | | | |  |  |  |  |
| Date of Birth: | | |  |  |  | Birth Place (state or foreign country) | | | | | | | | | | | | |  |  |  | Marital Status: | | | | |  |
|  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Address: | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  | | |  |  |  |  |  |  |  |  |  | | | | |  | | | | |  | | |  |
|  |  |  | (Street) | | |  |  | (City) |  |  |  |  |  | (State) | | | | | (ZIP) | | | | | (County) | | |  |
| Social Security Number: | | | | | | ‐ | ‐ | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | |  | | | | |  | | | | |  |  |  |  |  | College (1‐4 or 5+) | | | | |  |  |  |  |
| Education (Highest grade completed) Elem/Secondary (0‐12) | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |
|  | | | |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Form Number H00184 | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Revision Date: 6/04 | | | | | |  |  |  |  | Birth Certificate Worksheet | | | | | | | | |  |  |  |  |  |  |  |  |  |
| Page 1 of 2 | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **CHILD** | | |  |  |  |  |  |  |  |  |  |  |  |
| NAME: | | |  |  |  |  |  |  | SEX: | | Male | | Female |
|  |  |  |  |  | | | |  |  |  |  |  |  |
|  |  | (First) | (Middle) | (Last) | | | |  |  |  |  |  |  |
| Date of Birth: | | | Time of Birth: |  | Birth Weight: | | |  |  | Delivered by: | | |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Do you want the hospital to file for a Social Security number for this child? | | | | | | | |  | Yes | | No | |  |
| If birth to single mother, does the mother designate the birth record: | | | | | | | |  | Public | | Private | |  |



(A private birth record may only be given to the parent or guardian of the child, to the child at age 16 or older, or according to law or a court order)

|  |  |  |
| --- | --- | --- |
| **What is your Race?** | **Mother** | **Father** |
| White |  |  |
| Black or African American |  |  |
| American Indian or Alaska Native |  |  |
| Name of enrolled or principal tribe(s) | White |  |
| Asian Indian |  |  |
| Chinese |  |  |
| Filipino |  |  |
| Japanese |  |  |
| Korean |  |  |
| Vietnamese |  |  |
| Other Asian (Specify) |  |  |
| Native Hawaiian |  |  |
| Guamanian or Chamorro |  |  |
| Samoan |  |  |
| Other Pacific Islander (specify) |  |  |
| Other (specify) |  |  |
| Unknown |  |  |
|  |  |  |
| Spanish /Hispanic/Latina Origin? |  |  |
| No, not Spanish/Hispanic/Latina |  |  |
| Yes, Mexican, Mexican American, Chicana |  |  |
| Yes, Puerto Rican |  |  |
| Yes, Cuban |  |  |
| Yes, other Spanish/Hispanic/Latina (specify) |  |  |
| Unknown if Spanish/Hispanic/Latina |  |  |
|  |  |  |

I give my permission for the following birth announcement information to be released to the Faribault Daily News for publication: Parents names, City of Residence, Date of baby's birth and sex of baby.

 Yes  No

I certify that the information provided on this worksheet is correct. I understand that this information will be used to create the official birth certificate with the Minnesota Department of Health.

Mother's Signature

Form Number H00184 Page 2 of 2

Father's Signature

Birth Certificate Worksheet