



### Parent's Worksheet for Completing the North Dakota Birth Certificate

All of the information you provide below is required by ND State Law (ND Century Code 23-02.1-13) and will be used to create your child's birth certificate. The birth certificate is a document that will be used for legal purposes to prove your child's age, citizenship and parentage. A birth certificate will be used by your child throughout his or her life. It is very important that you provide complete and accurate information to all of the questions below. This worksheet must be completed **before you leave the hospital** and signed by one of the parents. Please **print clearly**, as the information on this sheet will be used to complete the birth certificate.

#### Signature

I hereby certify that I have read the paragraph above and that the personal information provided on this worksheet is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent or Informant

\_\_\_\_\_  
Date

#### Child's Information

What is the legal name you are giving this child? *(If the mother was unmarried between conception and birth, the child must have the mother's current legal surname unless an acknowledgement of paternity is signed).*

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

\_\_\_\_\_  
Suffix (Jr, III, Etc)

#### Mother's Information

1. What is the **Mother's current legal name?**

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

\_\_\_\_\_  
Suffix (Jr, III, Etc)

2. What is the Mother's full name **prior to first marriage?**

\_\_\_\_\_  
First

\_\_\_\_\_  
Middle

\_\_\_\_\_  
Last

\_\_\_\_\_  
Suffix (Jr, III, Etc)

3. Mother's e-mail address? \_\_\_\_\_

4. What is the Mother's **address?** (Residence - Where the mother's house is located).

Street Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

If not in the United States, Country \_\_\_\_\_

Is this address located inside city limits?  Yes  No

5. Is the Mother's **mailing address** the same as the residence address?  Yes  No

If No, please state mailing address below

Street Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

If not in the United States, Country \_\_\_\_\_

6. What is the Mother's **date of birth**? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

7. In what State, U.S. territory or foreign **country was the Mother born**?

State \_\_\_\_\_

Or

US territory \_\_\_\_\_

(i.e. Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas)

Or

Foreign country (If Canada, list province as well) \_\_\_\_\_

8. What is the Mother's **Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

9. Was the mother **married** at the time of conception or birth or anytime in between?

Yes

No

a) If question 9 was answered YES, for clarification, is the mother married to the father of this child?

Yes

No

**NOTE:** If question 9 is YES and question 9a is NO, then an Acknowledgement of Paternity must be completed by the mother, her husband and the father of the child. For children born out of wedlock or to married mothers whose husband is not the father of this child, ND State Law (ND Century Code 23-02.1-13) requires that an Acknowledgment of Paternity be completed so that the biological father's information can be added to the birth certificate. Please ask hospital staff for the correct forms and instructions on completing them.

10. Was a **paternity acknowledgement** completed?

Yes

N/A

No

11. Did the husband sign the **paternity disclaimer**?

Yes

N/A

No

12. What is the **highest level of schooling** that the Mother will have completed at the time of delivery? (Check the box that best describes your education. If you are currently enrolled, check the box that indicates the previous grade or highest degree received).

8<sup>th</sup> grade or less

9<sup>th</sup> – 12 grade, no diploma

High school graduate or GED completed

Some college credit, but no degree

Associate degree (e.g. AA, AS)

Bachelor's degree (e.g. BA, AB, BS)

Master's degree (e.g. MA, MS, MEng, Med, MSW, MBA)

Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

Refused/Unknown

13. What is the Mother's **race**? (Please check *one or more races* to indicate what you consider yourself to be).

White

Black or African American

American Indian or Alaska Native

Specify Tribe \_\_\_\_\_

Asian Indian

Chinese

Filipino

Japanese

Korean

Vietnamese

Other Asian (Specify)

Native Hawaiian

Guamanian or Chamorro

Samoan

Other Pacific Islander (Specify)

Other (Specify)

Refused/Unknown

14. What is the Mother's **ancestry**? (Please check *one or more races* to indicate what you consider yourself to be).

- |  |   |
|--|---|
| <input type="checkbox"/> Native American Indian                    | <input type="checkbox"/> Other Western European (i.e. Belgian)  |
| <input type="checkbox"/> English/Welsh                             | _____   |
| <input type="checkbox"/> Irish                                     | <input type="checkbox"/> Other Eastern European (i.e. Russian)  |
| <input type="checkbox"/> German                                    | _____   |
| <input type="checkbox"/> French                                    | <input type="checkbox"/> Other Northern European (i.e. Finnish) |
| <input type="checkbox"/> Scandinavian (Norwegian, Danish, Swedish) | _____   |
| <input type="checkbox"/> Polish                                    | <input type="checkbox"/> Other (Specify)                        |
| <input type="checkbox"/> Refused/Unknown                           | _____   |

15. Is the Mother **Spanish/Hispanic/Latina**? If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the appropriate box.

- No, not Spanish/Hispanic/Latina
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Dominican, Columbian) (specify) \_\_\_\_\_
- Refused/Unknown

16. Did the mother use **alcohol** during pregnancy?

- Yes  
If yes, average number of drinks per week \_\_\_\_\_
- No
- Refused/Unknown

17. How many **cigarettes** OR packs of cigarettes did the Mother smoke on an average day during each of the following time periods? If the Mother NEVER smoked, enter zero for each time period.

	# of cigarettes
Three months before pregnancy	_____
First three months of pregnancy	_____
Second three months of pregnancy	_____
Third trimester of pregnancy	_____

18. Would you like the state to request a **social security number/card** for your child? (If yes, the process takes about 6-8 weeks after the record is filed at the ND Department of Health)

- Yes
- No

19. What is the **principal payment source** for this pregnancy?

- |   |   |
|---|---|
| <input type="checkbox"/> Private Insurance      | <input type="checkbox"/> Self-Pay                   |
| <input type="checkbox"/> Blue Cross/Blue Shield | <input type="checkbox"/> Other Government Insurance |
| <input type="checkbox"/> Medicaid               | <input type="checkbox"/> Other (Specify)            |
| <input type="checkbox"/> Military (TriCare)     | _____   |
| <input type="checkbox"/> Indian Health Service  | <input type="checkbox"/> Refused/Unknown            |

20. You may receive **additional health information** and/or information on helpful programs for your family. (Some examples of the information you will receive include parenting tips, information on growth and development and services available for children and families or *College SAVE* money for your baby.)

Check box to Opt out of receiving **ALL** of this information and place your initials here: \_\_\_\_\_

21. Did mother receive **WIC** food for during this pregnancy?     Yes     No     Refused/Unknown

**Father's Information**

1. What is the **Father's current legal name**?

\_\_\_\_\_ (Jr, III, Etc)  
First Middle Last Suffix

2. What is the Father's **Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. What is the Father's **date of birth**? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

4. In what State, U.S. territory or foreign **country was the Father born**?

State \_\_\_\_\_

Or  
US territory \_\_\_\_\_  
(i.e. Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas)

Or  
Foreign country (If Canada, list province as well) \_\_\_\_\_

5. What is the **highest level of schooling** that the Father will have completed at the time of delivery? (Check the box that best describes his education. If he is currently enrolled, check the box that indicates the previous grade or highest degree received).

- 8<sup>th</sup> grade or less
- 9<sup>th</sup> – 12 grade, no diploma
- High school graduate or GED completed
- Some college credit, but no degree
- Associate degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, AB, BS)
- Master's degree (e.g. MA, MS, MEng, Med, MSW, MBA)
- Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)
- Refused/Unknown

6. What is the father's **race**? (Please check *one or more races* to indicate what he considers himself to be).

- White
- Black or African American
- American Indian or Alaska Native  
Specify Tribe \_\_\_\_\_
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian (Specify) \_\_\_\_\_
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander (Specify) \_\_\_\_\_
- Other (Specify) \_\_\_\_\_
- Refused/Unknown

7. What is the father's **ancestry**? (Please check *one or more races* to indicate what you consider yourself to be).

- Native American Indian
- English/Welsh
- Irish
- German
- French
- Scandinavian (Norwegian, Danish, Swedish)
- Polish
- Refused/Unknown
- Other Western European (i.e. Belgian) \_\_\_\_\_
- Other Eastern European (i.e. Russian) \_\_\_\_\_
- Other Northern European (i.e. Finnish) \_\_\_\_\_
- Other (Specify) \_\_\_\_\_

8. Is the father **Spanish/Hispanic/Latino**? If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the appropriate box.

- No, not Spanish/Hispanic/Latino
- Yes, Mexican, Mexican American, Chicano
- Yes, Cuban
- Yes, Puerto Rican
- Yes, other Spanish/Hispanic/Latino (e.g. Spaniard, Salvadoran, Dominican, Columbian)  
Specify \_\_\_\_\_
- Refused/Unknown

## INSTRUCTIONS FOR OBTAINING A CERTIFIED COPY OF A BIRTH RECORD

The Division of Vital Records can issue copies of birth certificates only for births that occurred in North Dakota. We have records on file starting with 1870 to the present.

Proof of identification must be submitted before we can issue a certified copy of a birth record. Proof of identification can be established by having this form **NOTARIZED** in the space provided on the front, or by submitting a legible photocopy of **ONE** of the following **PRIMARY** forms of identification:

1. State Government issued Photo ID or Driver's License
2. Bureau of Indian Affairs issued tribal ID card
3. US Government issued Military ID card
4. US Government issued Passport or Visa
5. US Government issued Permanent Resident Card

If you cannot provide one of the primary forms of identification listed above, proof of identity can still be established by submitting a legible photocopy of **TWO** of the following **SECONDARY** forms of identification:

1. Social Security Card
2. Medicare/Medicaid Card
3. Utility bill with the current address (within the last three months)
4. Bank Statement with the current address (within the last three months)
5. Pay Stub (within the last three months) or W-2 (issued for the previous tax year)
6. Motor Vehicle Registration Card for the current year with the current address

**The fee for a search of the files is \$7;** one search fee pays for one certified copy. Additional copies of the same record issued at the same time are \$4 each. Please make your check or money order payable to North Dakota Department of Health. We will issue a certified raised-seal paper copy for each copy requested.

Once received in our office, copies are usually mailed in 3 to 5 business days (**this does not include the mailing time**). Copies to be sent by Federal Express or UPS are processed the same day, provided the request is in our office by 10:00 a.m. Central Time.

Certified copies **CANNOT** be faxed. The certified copies will be sent by first class mail unless you specify and include the funds for special shipping through **Federal Express** for an **additional \$16.00** (add \$6 for delivery to Alaska or Hawaii) or **UPS** for an **additional \$16**.

This form may be completed and **mailed** with fees to:

Vital Records  
600 East Boulevard Ave. Dept. 301  
Bismarck, ND 58505-0200

Our web page is at: [www.ndhealth.gov/vital](http://www.ndhealth.gov/vital)

For questions, call our office at (701) 328-2360 or e-mail us at [vitalrec@nd.gov](mailto:vitalrec@nd.gov).

