



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).

8th grade or less

9th – 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"/> _____ |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Other Eastern European (i.e. Russian) |
| <input type="checkbox"/> German | <input type="checkbox"/> _____ |
| <input type="checkbox"/> French | <input type="checkbox"/> Other Northern European (i.e. Finnish) |
| <input type="checkbox"/> Scandinavian (Norwegian, Danish, Swedish) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Polish | <input type="checkbox"/> Other (Specify) |
| <input type="checkbox"/> Refused/Unknown | <input type="checkbox"/> _____ |

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 | <input type="checkbox"/> _____ |
| <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).

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

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

- | | |
|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Other Asian (Specify) _____ |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> American Indian or Alaska Native
Specify Tribe _____ | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Pacific Islander (Specify) _____ |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Refused/Unknown |
| <input type="checkbox"/> Korean | |
| <input type="checkbox"/> Vietnamese | |

7. What is the father'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"/> Other Eastern European (i.e. Russian) _____ |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Other Northern European (i.e. Finnish) _____ |
| <input type="checkbox"/> German | <input type="checkbox"/> Other (Specify) _____ |
| <input type="checkbox"/> French | |
| <input type="checkbox"/> Scandinavian (Norwegian, Danish, Swedish) | |
| <input type="checkbox"/> Polish | |
| <input type="checkbox"/> Refused/Unknown | |

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

- | | |
|--|--|
| <input type="checkbox"/> No, not Spanish/Hispanic/Latino | <input type="checkbox"/> Yes, Puerto Rican |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano | |
| <input type="checkbox"/> Yes, Cuban | |

Yes, other Spanish/Hispanic/Latino (e.g. Spaniard, Salvadoran, Dominican, Columbian)

Specify _____
 Refused/Unknown