



DISTRICT ONE
H O S P I T A L

200 STATE AVENUE • FARIBAULT, MN 55021-6345

Patient Identification Sticker
Goes Here

BIRTH CERTIFICATE WORKSHEET

This form will be used to create your baby's official birth certificate. Complete 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.

PLEASE PRINT

DUE DATE _____

MOTHER

NAME: _____ Maiden Surname: _____
(First) (Middle) (Last)

Date of Birth: _____ Birth Place (City/State/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 - Name of Township: _____

Social Security Number: _____ I don't have a Social Security Number

Education (Highest grade completed) Up to 8th grade 9th -12th no diploma High school graduate or GED
 Some college but no degree College degree _____

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 (City/State/Country): _____ Marital Status: _____

Address: _____
(Street) (City) (State) (ZIP) (County)

Social Security Number: _____ I don't have a Social Security Number

Education (Highest grade completed): Up to 8th grade 9th -12th no diploma High school graduate or GED
 Some college but no degree College degree _____





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CHILD

NAME: _____ SEX: Male / Female
(First) (Middle) (Last)

DOB: _____ Time of Birth: _____ Birth Weight: _____ Delivered by: _____

Do you want the hospital to file for a Social Security Number for this child? Yes No

WHAT IS YOUR RACE?

MOTHER

- White (Caucasian)
- Black or African
 - Somali
 - Sudanese
 - Other African – Please Specify: _____
- American Indian or Alaska Native
 - Name of Enrolled or Principal Tribe: _____
- Pacific Islander – Please Specify: _____
- Asian
 - Chinese
 - Filipino
 - Japanese
 - Korean
 - Vietnamese
 - Cambodian
 - Other Asian – Please Specify: _____
- Other Race – Please Specify: _____

Are you Spanish/Hispanic/Latina? If Yes:

- Mexican, Mexican American, Chicana
- Puerto Rican
- Other Spanish/Hispanic/Latina – Please Specify: _____

FATHER

- White (Caucasian)
- Black or African
 - Somali
 - Sudanese
 - Other African – Please Specify: _____
- American Indian or Alaska Native
 - Name of Enrolled or Principal Tribe: _____
- Pacific Islander – Please Specify: _____
- Asian
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 - Other Asian – Please Specify: _____
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Are you Spanish/Hispanic/Latina? If Yes:

- Mexican, Mexican American, Chicana
- Puerto Rican
- Other Spanish/Hispanic/Latina – Please Specify: _____

**** FOR SINGLE MOTHERS ONLY ****

Your baby's birth record is considered confidential unless you request the information to be public. A confidential birth record may be given only to the parent(s) or guardian of the child, to the child at age 16 or older, or disclosed according to law or a court order. What choice would you like to make?

- Yes, change the birth record to a public record
- No, leave the birth record a confidential record

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

Father's Signature