

BIRTH ATTENDANT FORM



Office of the State Registrar staff will add or remove the information provided on this form to the attendant table for your facility. Updates will occur on designated days. Add only Minnesota licensed physicians, residents and certified nurse midwives to the table. Please be sure to notify the Office of the State Registrar when a practitioner leaves your hospital.

Fax to: Records Intake and Data Management, Office of the State Registrar (651) 201-5740

Facility Name & City

Today's Date

___**ADD** ___**REMOVE** ___**ADD PHYSICIAN LICENSE NUMBER FOR NEW PHYSICIAN**

___**CHANGE NAME** ___**CHANGE ADDRESS** ___**CHANGE PRIMARY CLINIC**

Birth Attendant:

Physician/Certifier License Number

HIPAA Number (If known)

Title (M.D., D.O., CNM, Resident, Other)

New Title

* *If requesting title change, list previous title*

First Name

Physician/Certifier Initials (First, Middle, Last)

Middle Name

Last Name

New Last Name

* *If requesting name change, list previous last name*

Primary Clinic Street Address (for Hospitalist add Hospital address)

City

State or Foreign Country

Zip Code

Name of Person Submitting Form

Fax Number
Phone Number

If you have questions, please contact the Birth and Death Registration Help Line (651) 201-5961

For most up to date forms always check the web site: <http://www.health.state.mn.us/divs/chs/osr/birthreg/forms/html>