

**BIRTH RECORD**

**MOTHER'S INFORMATION**

<b>Mother's Name:</b> _____ <b>Mother's Date of Birth:</b> _____ <b>Medical Record Number:</b> _____
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**Mother's Worksheet for Baby's Birth Certificate**

The information you provide below will be used to create your baby's birth certificate. The birth certificate is a document that is used for legal purposes throughout your child's lifetime. It documents your child's name, age, citizenship and parentage.

It is important that the information is complete and accurate. The legal information appears on the birth certificate. The medical information does not appear on the birth certificate but is used by public health programs to offer services that benefit mothers and babies. Medical researchers use the medical information to study and improve future health outcomes for mothers and newborn infants. Your name and other identifying information is not shared with researchers.

**Baby's Information: Please Print Clearly**

**What will be your baby's legal name as it should appear on the birth certificate?**

_____	_____	_____	_____
First Name	Middle Name	Last Name	Suffix

**Baby's date of birth:** \_\_\_\_\_  
MMDDYYYY

**Gender:**  female  male

**Plurality:** Enter the total number of babies in this birth: single, twin, triplet, etc, specify: \_\_\_\_\_  
If not a single birth - birth order of this event: born first, second, third, etc, specify: \_\_\_\_\_

**Would you like a social security number automatically issued for your baby?**

The Minnesota Department of Health sends your request to the Social Security Administration Office.

- Yes Your baby needs to be named and parents' Social Security numbers included on the birth record. The social security card is sent to your mailing address in 1 to 3 months.
- No If you check no, you will need to apply for your baby's social security number at the Social Security Administration office nearest you with a certified copy of the Birth Certificate.

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<b>Mother's Name:</b> _____ <b>Mother's Date of Birth:</b> _____ <b>Medical Record Number:</b> _____
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**Mother's Information: Please Print Clearly**

**What is your current legal name?**

_____	_____	_____	_____
First Name	Middle Name	Last Name(s)	Suffix

**What was your name prior to first marriage?**     Same as current legal name (go to next question)

_____	_____	_____	_____
First Name	Middle Name	Last Name(s)	Suffix

**What is your date of birth?**    (ex.: 04/30/1978)    \_ \_ \_

**What is your social security number?**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_     I don't have a Social Security number

**Where were you born?**

_____	_____
City or Town	State, Territory, Foreign Country

**Where do you live?**

_____	_____
Number and Street address (do not enter rural route numbers or P.O. Boxes)	Apartment Number

_____	_____	_____	_____
City, Town, Township or Location	County	State	Zip Code

If not United States, please enter country.

**Is this household inside city limits?**     Yes     No     Don't know

**What is your mailing address?**     Same as residence (go to the next question)

_____	_____
Number and Street address (do not enter rural route numbers or	Apartment Number

_____	_____	_____	_____
City, Town, Township or Location	County	State	Zip Code

If not United States, please enter country.

**Are you currently or have you ever been married?**     Yes     No

**Were you married to the father of your baby at the time of conception, birth or any time in between?**

Yes     No

**BIRTH RECORD**

**Mother's Name:** \_\_\_\_\_

**Mother's Date of Birth:** \_\_\_\_\_

**Medical Record Number:** \_\_\_\_\_

**MOTHER'S INFORMATION**

**For Single Mothers:**

If you are single and would like the father's name on your baby's birth record, you and the father can sign a "Recognition of Parentage" form. This means the father accepts the legal responsibility for this child. The father's name will be on the birth certificate after both parents sign a "Recognition of Parentage" form or establish paternity.

Yes, we would like to sign the "Recognition of Parentage" form.

No, the "Recognition of Parentage" will not be done at this time.

(I understand that there will be no father's information on my child's birth certificate.)

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.

If you are married and your husband is not the father of your baby will you need a "Husband Non-Paternity Statement" ?

Yes  No

**What was the date of your last menstrual period?**

MM DD YYYY

Unknown

**Did you receive WIC food for yourself during this pregnancy?**  Yes  No

**Month of pregnancy that WIC began (1st, 2nd, 3rd, 4th etc):** \_\_\_\_\_ **month**

**CIGARETTE SMOKING BEFORE AND DURING PREGNANCY:**

No, I did not use any tobacco products.  Yes, I used tobacco products.

**What was the average number of cigarettes or packs smoked per day?**

(for each time period enter the number of cigarettes or packs smoked.)

Three months before the pregnancy began: \_\_\_\_\_ # of cigarettes or \_\_\_\_\_ # of packs

First three months of pregnancy: \_\_\_\_\_ # of cigarettes or \_\_\_\_\_ # of packs

Second three months of pregnancy: \_\_\_\_\_ # of cigarettes or \_\_\_\_\_ # of packs

Last three months of pregnancy: \_\_\_\_\_ # of cigarettes or \_\_\_\_\_ # of packs

**BIRTH RECORD**

**Mother's Name:** \_\_\_\_\_

**Mother's Date of Birth:** \_\_\_\_\_

**Medical Record Number:** \_\_\_\_\_

**MOTHER'S INFORMATION**

**What is your highest level of education?**

Check the box that best describes highest level of school completed at the time of your child's birth.

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

**ARE YOU SPANISH/HISPANIC/LATINA?** If you are not Spanish/Hispanic/Latina, check the "NO" box. If you are, check the box that is most appropriate for you.

- No, not Spanish/Hispanic/Latina
- Yes, Spanish/Hispanic/Latina
  - Mexican, Mexican American, Chicana
  - Puerto Rican
  - Cuban
  - Other Spanish/Hispanic/Latina PLEASE SPECIFY: \_\_\_\_\_

**MOTHER'S RACE:** Check all that apply to indicate what you consider yourself.

- Caucasian (white)
- Black or African
  - Somali
  - Ethiopian
  - Liberian
  - Ghanaian
  - Kenyan
  - Sudanese
  - Nigerian
  - Other African
  - PLEASE SPECIFY: \_\_\_\_\_
- American Indian or Alaska Native
  - Name of Enrolled or Principal Tribe
  - PLEASE SPECIFY: \_\_\_\_\_
  - \_\_\_\_\_
- Pacific Islander
  - Native
  - Guamanian or Chamorro
  - Samoan
  - Other Pacific Islander
  - PLEASE SPECIFY: \_\_\_\_\_
- Asian
  - Asian Indian
  - Chinese
  - Filipino
  - Japanese
  - Korean
  - Vietnamese
  - Hmong
  - Cambodian
  - Laotian
  - Other Asian
  - PLEASE SPECIFY: \_\_\_\_\_
- Other Race
  - PLEASE SPECIFY: \_\_\_\_\_
  - \_\_\_\_\_

FETAL DEATH REPORT

<b>Mother's Name:</b> _____ <b>Mother's Date of Birth:</b> _____ <b>Medical Record Number:</b> _____
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MOTHER'S INFORMATION

Mother's Worksheet for Report of Fetal Death

Understanding that this is a difficult time for you and your family, we need to ask you a few questions to assist in the completion of the official fetal death report. State laws provide protection against the unauthorized release of identifying information from the report of fetal death to ensure parent confidentiality. This information may also help researchers understand some of the factors that are related to miscarriage and stillbirth. Your assistance in providing complete and accurate information is very important. We appreciate your help during this difficult time.

Fetus's Information: Please Print Clearly

What would you like to name this baby?

_____	_____	_____	_____
First Name	Middle Name	Last Name	Suffix

FETUS MEDICAL INFORMATION:

Date of delivery:

MMDDYYYY

Fetus Sex:  Female  Male  Unknown

Plurality: Enter the total number of babies in this birth: single, twin, triplet, etc, specify: \_\_\_\_\_

Enter the total number of fetal deaths in this birth: \_\_\_\_\_

If not a single birth - birth order of this event: born first, second, third, etc, specify: \_\_\_\_\_

Mother's Information: Please Print Clearly

What is your current legal name?

_____	_____	_____	_____
First Name	Middle Name	Last Name(s)	Suffix

What was your name prior to first marriage?  Same as current legal name (go to next question)

_____	_____	_____	_____
First Name	Middle Name	Last Name(s)	Suffix

What is your date of birth? (ex.: 04/30/1978) \_ \_ \_

Where were you born?

_____	_____
City or Town	State, Territory, Foreign Country

What is your social security number?

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

I don't have a Social Security number

**FETAL DEATH REPORT**

**MOTHER'S INFORMATION**

<b>Mother's Name:</b> _____ <b>Mother's Date of Birth:</b> _____ <b>Medical Record Number:</b> _____
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**Where do you live?**

\_\_\_\_\_  
Number and Street address (do not enter rural route numbers or P.O. Boxes) Apartment Number

\_\_\_\_\_  
City, Town, Township or Location County State Zip Code

\_\_\_\_\_  
If not United States, please enter country.

**Is this household inside city limits?**  Yes  No  Don't know

**What is your mailing address?**  Same as residence (go to the next question)

\_\_\_\_\_  
Number and Street address (do not enter rural route numbers or Apartment Number

\_\_\_\_\_  
City, Town, Township or Location County State Zip Code

\_\_\_\_\_  
If not United States, please enter country.

**Are you currently or have you ever been married?**  Yes  No

**Were you married to the father of your baby at the time of conception, birth or any time in between?**

Yes  No

**What was the date of your last menstrual period?**  Unknown  
MM DD YYYY

**Did you receive WIC food for yourself during this**  Yes  No

**Month of pregnancy that WIC began (1st, 2nd, 3rd, 4th etc):** \_\_\_\_\_ month

**CIGARETTE SMOKING BEFORE AND DURING PREGNANCY:**

No, I did not use any tobacco products.  Yes, I used tobacco products.

**What was the average number of cigarettes or packs smoked per day?**

(for each time period enter the number of cigarettes or packs smoked.)

	# of cigarettes	or	# of packs
Three months before the pregnancy began:	_____	or	_____
First three months of pregnancy:	_____	or	_____
Second three months of pregnancy:	_____	or	_____
Last three months of pregnancy:	_____	or	_____

**FETAL DEATH REPORT**

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**What is your highest level of education?**

Check the box that best describes your highest level of school completed at the time of your child's birth.

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

**ARE YOU SPANISH/HISPANIC/LATINO?** If you are not Spanish/Hispanic/Latina, check the "NO" box.

If you are, check the box that is most appropriate for you.

- No, not Spanish/Hispanic/Latino
- Yes, Spanish/Hispanic/Latino
  - Mexican, Mexican American, Chicano
  - Puerto Rican
  - Cuban
  - Other Spanish/Hispanic/Latino PLEASE SPECIFY: \_\_\_\_\_

**MOTHER'S RACE:** Check all that apply to indicate what you consider yourself.

- |   |  |
|---|--|
| <input type="checkbox"/> Caucasian (white)  | <input type="checkbox"/> Asian   |
| <input type="checkbox"/> Black or African American <ul style="list-style-type: none"> <li><input type="checkbox"/> Somali</li> <li><input type="checkbox"/> Ethiopian</li> <li><input type="checkbox"/> Liberian</li> <li><input type="checkbox"/> Ghanaian</li> <li><input type="checkbox"/> Kenyan</li> <li><input type="checkbox"/> Sudanese</li> <li><input type="checkbox"/> Nigerian</li> <li><input type="checkbox"/> Other African</li> </ul> PLEASE SPECIFY: _____ | <input type="checkbox"/> Asian Indian <ul style="list-style-type: none"> <li><input type="checkbox"/> Chinese</li> <li><input type="checkbox"/> Filipino</li> <li><input type="checkbox"/> Japanese</li> <li><input type="checkbox"/> Korean</li> <li><input type="checkbox"/> Vietnamese</li> <li><input type="checkbox"/> Hmong</li> <li><input type="checkbox"/> Cambodian</li> <li><input type="checkbox"/> Laotian</li> <li><input type="checkbox"/> Other Asian</li> </ul> PLEASE SPECIFY: _____ |

- |  |   |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native<br>Name of Enrolled or Principal Tribe<br>PLEASE SPECIFY: _____<br>_____ | <input type="checkbox"/> Other Race<br>PLEASE SPECIFY: _____<br>_____ |
|--|---|

- Pacific Islander
  - Native Hawaiian
  - Guamanian or Chamorro
  - Samoan
  - Other Pacific Islander
PLEASE SPECIFY: \_\_\_\_\_