

# Pre-Admission / Birth Certificate Information

Your Due Date \_\_\_\_\_

Copy to Admissions per OB

Do we have your permission to release your baby's name and birth information to the radio/newspaper?  Yes  No

Do you want us to apply for a Social Security Number for your child?  Yes  No

**Mother's Information:** What you print is how it will show up on the baby's Birth Certificate.

Legal Name: **First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_

Maiden Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
City, State, Foreign country if applies

\_\_\_\_\_  
Number and street or P.O. box Apt# City State Zip Code

County \_\_\_\_\_ Telephone \_\_\_\_\_ Cell # \_\_\_\_\_

Do you live within the City Limits? Yes  No  If No, Township: \_\_\_\_\_

**Race:** Caucasian  Hispanic  Black or African American  Asian  Other

**Marital Status:** Married  Single  Divorced

**Occupation:** \_\_\_\_\_ Employer \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_  
Number and street or P.O. box City State Zip Code

## Emergency Contact: (Someone that does not live with you)

Name \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Cell # \_\_\_\_\_

Religion \_\_\_\_\_ Do you want your clergy to visit?  Yes  No Church \_\_\_\_\_

**Insurance/Medicaid:** Yes  No  Awaiting Medicaid  Self-pay

\* Please have your insurance card with you when you submit this form so a copy can be made.

\*After delivery, you will want to notify your insurance carrier of the new baby, then notify the Northfield Hospital with the new baby insurance information.

**Father's Information:** *If you are not married, "Right of Parentage papers" (ROP) must be signed in order for the father's name to be on the baby's birth certificate. Father must show a MN picture ID for this notarized form.*

Legal Name: **First** \_\_\_\_\_ **Middle** \_\_\_\_\_ **Last** \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_ Cell # \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of birth \_\_\_\_\_  
City, State, & Foreign country if applies

Mailing address (if different than the mother's)  Same as mother's address

\_\_\_\_\_  
Number and street or P.O. box Apt# City State Zip Code

Highest level of education: Grade \_\_\_\_\_ GED or High school diploma  Some College  Degree \_\_\_\_\_

**Race:** Caucasian  Hispanic  Black or African American  Asian  Other

**Occupation:** \_\_\_\_\_ Employer \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_  
Number and street or P.O. box City State Zip Code