



NORTH DAKOTA ASSISTED REPRODUCTION CONSENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES

VITAL RECORDS UNIT

SFN 62275 (1-2023)

This form should only be completed by the consenting birth mother and another parent whose child was conceived through assisted reproduction. Furthermore, it is their intent that by signing this form, the other parent intends to be a parent of the child born to the birth mother by assisted reproduction. N.D.C.C. § 14-20-62.

I. PARENT'S INFORMATION

| A. MOTHER'S INFORMATION | | | B. FATHER'S INFORMATION | | |
|---|-------|--------------------------------|----------------------------|-------|--------------------------------|
| Name (first, middle, last, maiden) | | | Name (first, middle, last) | | |
| Address | | | Address | | |
| City | State | ZIP Code | City | State | ZIP Code |
| Social Security Number* | | Date of Birth (month/day/year) | Social Security Number* | | Date of Birth (month/day/year) |
| City/County/State Where Consent Completed | | | City/County/State of Birth | | |

C. CHILD'S INFORMATION

| |
|--|
| Name as you want it on the birth certificate (first, middle, last) |
| Date of Birth (month/day/year) |
| City/County/State of Birth |
| Hospital of Birth (Location) |

II. PARENT'S STATEMENT

| A. MOTHER'S STATEMENT | | B. FATHER'S STATEMENT | |
|--|------|---|------|
| <ul style="list-style-type: none"> I am attesting to that fact that the child named in section C above was conceived using assisted reproduction. I consent to the individual signing as the father/parent in section B above that they are signing to be a parent to the child in section C above. No one else has been legally established as the parent to the child in section C above through an Acknowledgment of Paternity or by a court order. I understand that this is a legally binding document under the authority of ND Century Code 14-20-62. I understand that I am signing this form under penalties of perjury and ND Century Code 23-02.1-32, regarding penalties under the Health Statistics Act. | | <ul style="list-style-type: none"> I intend and consent to be a parent to the child named in section C above who was conceived using assisted reproduction. I understand that this is a legally binding document under the authority of ND Century Code 14-20-62. I understand that I am signing this form under penalties of perjury and ND Century Code 23-02.1-32, regarding penalties under the Health Statistics Act. | |
| Mother's Signature | Date | Father's Signature | Date |

* Based on federal law (42 U.S.C. §§ 652(a)(7) and 666(a)(5)(C)(iv)), the social security number has been determined to be a mandatory data element for this form and will be used for identification purposes. Failure to disclose this information will not affect the validity of this form.

Distribution: Original - Vital Records Unit, 600 E Boulevard Ave Dept 325, Bismarck, ND 58505-0200
Copies of the original may be provided to the mother and other parent

**NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES
ASSISTED REPRODUCTION INFORMATION**

PURPOSE

This form is to be used by a birth mother whose child was conceived using a method of assisted reproduction other than sexual intercourse and any individual consenting to be added as a father/parent to the child. If the child was conceived via sexual intercourse, then a North Dakota Acknowledgment of Paternity form (SFN 8195) must be completed by the biological parents instead of this form.

INSTRUCTIONS

Please read the entire form and complete it carefully. If you do not understand any part of the form or there is any question about assisted reproduction or consent of the father/parent for this child, do not sign it.

The mother completes section I.A., the father/parent completes section I.B., and both parents' complete section I.C. The child's name entered on I.C. is how the name will appear on the birth certificate. After careful review and understanding, the mother may sign section II.A. and the father/parent may sign section II.B.

If the mother is married to someone else at the time when the child was conceived using assisted reproduction this form cannot be used and a court of competent jurisdiction will need to order North Dakota Vital Records who is to be added as the father/parent for this child.

The completed form must be filed with North Dakota Vital Records.

RIGHTS AND RESPONSIBILITIES

Signing this form is completely voluntary. When this form is completed and signed, a father/parent and child relationship is legally established. With this relationship comes the responsibility to financially support the child. Based on this signed form, a court may order the father/parent to pay child support and provide health insurance coverage for the child.

Signing this form does not automatically give custody to one of the parents. If the parents cannot agree, custody must be decided by a court. Under state law, when the father/parent's relationship to the child is legally established, the custody rights of the mother and father/parent are considered equal and will be determined based on the best interests of the child.

Any person who willfully and knowingly makes any false statement or supplies false information intending that such information be used to file any birth record is guilty of a class C felony under ND Century Code 23-02.1-27(1)(a) and will be reported to the ND State's Attorney assigned to county where the felony occurs.

RESCINDING OR CHALLENGING CONSENT

Once this signed consent form establishes the father/parent relationship with the child named on this form and the father/parent is added to the child's birth record, the only way to rescind or challenge consent and remove the father/parent from the child's birth record would be through a legal proceeding where a court of competent jurisdiction would order North Dakota Vital Records to remove the father/parent from the child's birth record.