



## North Dakota Surrogate's Worksheet

ND Department of Health and Human Services  
Vital Records Unit  
(1-2026)

< Apply Hospital Label Here>

### Surrogate's Worksheet for Completing the North Dakota Birth Certificate

All the information you provide below is required by ND State Law (ND Century Code 23-02.1-13) and will be used to create the child's birth record. Please **print clearly**, as the information on this sheet will be used to complete the birth record. The birth record is a document that will be used for legal purposes to prove the child's age, citizenship, and parentage. A birth certificate will be used by this child throughout his or her life. This worksheet must be completed **before you leave the hospital** and signed by the surrogate or gestational carrier. It is very important that you provide complete and accurate information to all the questions below. Any person who willfully and knowingly makes any false statement or supplies false information intending that such information be used in the preparation of any report, record or certificate is guilty of a class C felony. (ND Century Code 23.02-1-32).

#### Signature

I hereby certify that I have read the paragraph above and that the personal information provided on this worksheet is correct to the best of my knowledge.

Signature of Surrogate or Gestational Carrier

Date

#### Surrogate's Information

1. What is the Surrogate's current legal name?

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ (Jr, III, Etc) Suffix \_\_\_\_\_

2. What is the Surrogate's full name prior to first marriage?

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ (Jr, III, Etc) Suffix \_\_\_\_\_

3. What is the Surrogate's **address**? (Residence - Where the surrogate's house is located).

Street Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

If not in the United States, Country \_\_\_\_\_

**Is the address provided located inside city limits of the city listed above?**  Yes  No

4. Is the Surrogate's **mailing address** the same as the residence address?  Yes  No

If No, please state mailing address below

Street Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

If not in the United States, Country \_\_\_\_\_

5. What is the Surrogate's **date of birth?** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

6. In what State, U.S. territory or foreign **country was the Surrogate born?**

State \_\_\_\_\_

Or

US territory \_\_\_\_\_

(i.e. Puerto Rico, U.S. Virgin Islands, Guam, American Samoa or Northern Marianas)

Or

Foreign country (If Canada, list province as well) \_\_\_\_\_

7. What is the Surrogate's **Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

8. Was the Surrogate married at the time this child was born?

Yes       No

9. What is the **highest level of schooling** that the Surrogate will have completed at the time of delivery? (Check the box that best describes your education. If you are currently enrolled, check the box that indicates the previous grade or highest degree received).

<input type="checkbox"/> 8 <sup>th</sup> grade or less	<input type="checkbox"/> Bachelor's degree (e.g. BA, AB, BS)
<input type="checkbox"/> 9 <sup>th</sup> – 12th grade, no diploma	<input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, Med, MSW, MBA)
<input type="checkbox"/> High school graduate or GED completed	<input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)
<input type="checkbox"/> Some college credit, but no degree	<input type="checkbox"/> Refused/Unknown
<input type="checkbox"/> Associate degree (e.g. AA, AS)	

10. What is the Surrogate's **race**? (Please check *one or more races* to indicate what you consider yourself to be).

<input type="checkbox"/> White	<input type="checkbox"/> Other Asian (Specify) _____
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian _____
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Guamanian or Chamorro _____
Specify Tribe _____	<input type="checkbox"/> Samoan _____
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Other Pacific Islander (Specify) _____
<input type="checkbox"/> Chinese	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Filipino	<input type="checkbox"/> Refused/Unknown _____
<input type="checkbox"/> Japanese	
<input type="checkbox"/> Korean	
<input type="checkbox"/> Vietnamese	

11. What is the Surrogate's **ancestry**? (Please check *one or more races* to indicate what you consider yourself to be).

<input type="checkbox"/> Native American Indian	<input type="checkbox"/> Other Western European (i.e. Belgian) _____
<input type="checkbox"/> English/Welsh	<input type="checkbox"/> Other Eastern European (i.e. Russian) _____
<input type="checkbox"/> Irish	<input type="checkbox"/> Other Northern European (i.e. Finnish) _____
<input type="checkbox"/> German	<input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> French	
<input type="checkbox"/> Scandinavian (Norwegian, Danish, Swedish)	
<input type="checkbox"/> Polish	
<input type="checkbox"/> Refused/Unknown	

12. Is the Surrogate **Spanish/Hispanic/Latina**? If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the appropriate box.

- No, not Spanish/Hispanic/Latina
- Yes, Mexican, Mexican American, Chicano
- Yes, Puerto Rican
- Yes, Cuban
- Yes, other Spanish/Hispanic/Latina (e.g. Spaniard, Salvadoran, Dominican, Columbian) (specify) \_\_\_\_\_
- Refused/Unknown

13. Did the Surrogate use **alcohol** during pregnancy?

- Yes  
If yes, average number of drinks per week \_\_\_\_\_
- No
- Refused/Unknown

14. How many **cigarettes** OR packs of cigarettes did the Surrogate smoke on an average day during each of the following time periods? If the Mother NEVER smoked, enter zero for each time period.

	# of cigarettes
Three months before pregnancy	_____
First three months of pregnancy	_____
Second three months of pregnancy	_____
Third trimester of pregnancy	_____

15. How many times during an average day did the Surrogate use an Electronic Nicotine Delivery System (ENDS) or vaping product (ex. JUUL, or other pod or mod systems) during each of the following time periods? If the Mother NEVER used an ENDS or vaped, enter zero for each time period.

	# of uses per day
Three months before pregnancy	_____
First three months of pregnancy	_____
Second three months of pregnancy	_____
Third trimester of pregnancy	_____

16. Did Surrogate receive **WIC** food during this pregnancy?  Yes  No  Refused/Unknown