



**Parent'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 your 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 your child's age, citizenship, and parentage. A birth certificate will be used by your child throughout his or her life. This worksheet must be completed **before you leave the hospital** and signed by one of the parents. 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 Parent or Informant

\_\_\_\_\_  
 Date

**Child's Information**

What is the legal name you are giving this child? *(If the mother was unmarried between conception and birth, the child must have the mother's current legal surname unless an acknowledgement of paternity is signed).*

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

**Birth Mother's Information**

1. What is the **Mother's current legal name**?

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

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

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

3. What is the Mother's **address**? (Residence - Where the mother'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 Mother'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 Mother's **date of birth**? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year
6. In what State, U.S. territory or foreign **country was the Mother 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 Mother's **Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_
8. Was the mother **married** at the time of conception or at birth or anytime in between?  
 Yes  No
- a) For clarification, is the mother married to the father of this child?  
 Yes - Mark questions #9 and #10 as N/A, then Skip to # 11  
 No - Paternity Acknowledgment Required, if Mother Married, Husband **MUST** sign Denial – Skip to # 9  
 N/A (Same Sex Female Couple) – Mark #9 and #10 as N/A, ask staff for paperwork – Skip to # 11  
 N/A (Same Sex Male Couple) – Mark #9 and #10 as N/A, provide court documentation – Skip to # 11
9. Was a **paternity acknowledgement** completed?  
 Yes – Acknowledgment completed  
 No – Acknowledgment not completed or refused or mother did not name father  
 N/A – Not Applicable – Mother is married to the father or not applicable from above questions
10. Did the husband sign the **DENIAL OF PATERNITY** when the mother is not married to the father?  
 Yes – Husband signed  
 No – Husband DID NOT sign or refused  
 N/A – Not Applicable – Mother is single and not married or not applicable from above questions
11. What is the **highest level of schooling** that the Mother 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> – 12 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)         |  |
12. What is the Mother'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"/> American Indian or Alaska Native<br>Specify Tribe _____ | <input type="checkbox"/> Native Hawaiian                        |
| <input type="checkbox"/> Asian Indian  | <input type="checkbox"/> Guamanian or Chamorro                  |
| <input type="checkbox"/> Chinese   | <input type="checkbox"/> Samoan                                 |
| <input type="checkbox"/> Filipino  | <input type="checkbox"/> Other Pacific Islander (Specify) _____ |
| <input type="checkbox"/> Japanese  | <input type="checkbox"/> Other (Specify) _____                  |
| <input type="checkbox"/> Korean  |   |
| <input type="checkbox"/> Vietnamese  | <input type="checkbox"/> Refused/Unknown                        |

13. Mother's e-mail address? \_\_\_\_\_

14. Mother's phone number? (\_\_\_\_\_) \_\_\_\_\_

15. What is the Mother'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"/> Irish                                     | <input type="checkbox"/> Other Eastern European (i.e. Russian)  |
| <input type="checkbox"/> German                                    | _____   |
| <input type="checkbox"/> French                                    | <input type="checkbox"/> Other Northern European (i.e. Finnish) |
| <input type="checkbox"/> Scandinavian (Norwegian, Danish, Swedish) | _____   |
| <input type="checkbox"/> Polish                                    | <input type="checkbox"/> Other (Specify)                        |
| <input type="checkbox"/> Refused/Unknown                           | _____   |

16. Is the Mother **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

17. Did the mother use **alcohol** during pregnancy?

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

18. How many **cigarettes** OR packs of cigarettes did the Mother 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	_____

19. How many times during an average day did the Mother 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	_____

20. Would you like the state to request a **social security number/card** for your child? (If yes, the process takes about 6-8 weeks after the record is filed at the ND Department of Health)

- Yes
- No

21. What is the **principal payment source** for this pregnancy?

- Private Insurance (i.e. Sanford, Medica, Aetna, etc.)
- Blue Cross/Blue Shield
- Medicaid
- Military (TriCare)
- Indian Health Service
- Self-Pay
- Other Government Insurance
- Other (Specify) \_\_\_\_\_
- Refused/Unknown

22. You may receive **additional health information** and/or information on helpful programs for your family. (Some examples of the information you will receive include parenting tips, information on growth and development and services available for children and families or *College SAVE* money for your baby.)

Check box to Opt out of receiving **ALL** of this information and place your initials here: \_\_\_\_\_

23. Did mother receive **WIC** food for during this pregnancy?  Yes  No  Refused/Unknown

**Father's Information**

1. What is the **Father's current legal name**?

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

2. What is the Father's **Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

4. In what State, U.S. territory or foreign **country was the Father 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) \_\_\_\_\_

5. What is the **highest level of schooling** that the Father will have completed at the time of delivery? (Check the box that best describes his education. If he is currently enrolled, check the box that indicates the previous grade or highest degree received).

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

< Apply Hospital Label Here >

6. What is the father's **race**? (Please check *one or more races* to indicate what he considers himself to be).

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

7. What is the father'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)<br>_____  |
| <input type="checkbox"/> English/Welsh                             | <input type="checkbox"/> Other Eastern European (i.e. Russian)<br>_____  |
| <input type="checkbox"/> Irish                                     | <input type="checkbox"/> Other Northern European (i.e. Finnish)<br>_____ |
| <input type="checkbox"/> German                                    | <input type="checkbox"/> Other (Specify)<br>_____                        |
| <input type="checkbox"/> French                                    |  |
| <input type="checkbox"/> Scandinavian (Norwegian, Danish, Swedish) |  |
| <input type="checkbox"/> Polish                                    |  |
| <input type="checkbox"/> Refused/Unknown                           |  |

8. Is the father **Spanish/Hispanic/Latino**? If not Spanish/Hispanic/Latina, check the "No" box. If Spanish/Hispanic/Latina, check the appropriate box.

- |  |  |
|--|--|
| <input type="checkbox"/> No, not Spanish/Hispanic/Latino         | <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (e.g. Spaniard, Salvadoran, Dominican, Columbian)<br>Specify _____ |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano | <input type="checkbox"/> Refused/Unknown   |
| <input type="checkbox"/> Yes, Cuban                              |  |
| <input type="checkbox"/> Yes, Puerto Rican                       |  |