Parent’s Worksheet for Completing the North Dakota Birth Certificate

All of 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 certificate. The birth certificate 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. It is very important that you provide complete and accurate information to all of the questions below. This worksheet must be completed before you leave the hospital and signed by one of the parents. Please print clearly, as the information on this sheet will be used to complete the birth certificate.

**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                Suffix

**Mother’s Information**

1. What is the Mother’s current legal name?

First                Middle       Last                Suffix

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

First                Middle       Last                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 this address located inside city limits? □ 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______________________________

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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 birth or anytime in between?
   □ Yes
   □ No
   a) If question 8 was answered YES, for clarification, is the mother married to the father of this child?
      □ Yes
      □ No

   NOTE: If question 8 is YES and question 8a is NO, then an Acknowledgement of Paternity must be completed by the
   mother, her husband and the father of the child. For children born out of wedlock or to married mothers whose
   husband is not the father of this child, ND State Law (ND Century Code 23-02.1-13) requires that an Acknowledgment
   of Paternity be completed so that the biological father’s information can be added to the birth certificate. Please ask
   hospital staff for the correct forms and instructions on completing them.

9. Was a paternity acknowledgement completed? □ Yes       □ No
   □ N/A

10. Did the husband sign the paternity disclaimer?
   □ Yes       □ No
   □ N/A

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).
    □ 8th grade or less
    □ 9th – 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

12. Mother’s e-mail address? ________________________________________________________________

13. What is the Mother’s race? (Please check one or more races to indicate what you consider yourself to be).
    □ White
    □ Black or African American
    □ American Indian or Alaska Native
    □ Asian Indian
    □ Chinese
    □ Filipino
    □ Japanese
    □ Korean
    □ Vietnamese
    □ Other Asian (Specify)
    □ Native Hawaiian
    □ Guamanian or Chamorro
    □ Samoan
    □ Other Pacific Islander (Specify)
    □ Other (Specify)
    □ Refused/Unknown

< Apply Hospital Label Here>
14. What is the Mother’s **ancestry**? (Please check one or more races to indicate what you consider yourself to be).
- Native American Indian
- English/Welsh
- Irish
- German
- French
- Scandinavian (Norwegian, Danish, Swedish)
- Polish
- Refused/Unknown
- Other Western European (i.e. Belgian)
- Other Eastern European (i.e. Russian)
- Other Northern European (i.e. Finnish)
- Other (Specify)

15. 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

16. Did the mother use **alcohol** during pregnancy?
- Yes
  - If yes, average number of drinks per week ___________
- No
- Refused/Unknown

17. 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.

<table>
<thead>
<tr>
<th>Time Period</th>
<th># of cigarettes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three months before pregnancy</td>
<td></td>
</tr>
<tr>
<td>First three months of pregnancy</td>
<td></td>
</tr>
<tr>
<td>Second three months of pregnancy</td>
<td></td>
</tr>
<tr>
<td>Third trimester of pregnancy</td>
<td></td>
</tr>
</tbody>
</table>

18. 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.

<table>
<thead>
<tr>
<th>Time Period</th>
<th># of uses per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Three months before pregnancy</td>
<td></td>
</tr>
<tr>
<td>First three months of pregnancy</td>
<td></td>
</tr>
<tr>
<td>Second three months of pregnancy</td>
<td></td>
</tr>
<tr>
<td>Third trimester of pregnancy</td>
<td></td>
</tr>
</tbody>
</table>

19. 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

20. What is the **principal payment source** for this pregnancy?
- Private Insurance
- Blue Cross/Blue Shield
- Medicaid
- Military (TriCare)
- Indian Health Service
- Self-Pay
- Other Government Insurance
- Other (Specify)
- Refused/Unknown
21. 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: ________________

22. 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).

   ☐ 8th grade or less
   ☐ 9th – 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

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

   ☐ White
   ☐ Black or African American
   ☐ American Indian or Alaska Native

   Specify Tribe __________________________

   ☐ Asian Indian
   ☐ Chinese
   ☐ Filipino
   ☐ Japanese
   ☐ Korean
   ☐ Vietnamese

   ☐ Other Asian (Specify)

   ☐ Native Hawaiian
   ☐ Guamanian or Chamorro
   ☐ Samoan

   ☐ Other Pacific Islander (Specify)

   ☐ Other (Specify)

   ☐ Refused/Unknown
7. What is the father's **ancestry**? (Please check **one or more races** to indicate what you consider yourself to be).

- [ ] Native American Indian
- [ ] English/Welsh
- [ ] Irish
- [ ] German
- [ ] French
- [ ] Scandinavian (Norwegian, Danish, Swedish)
- [ ] Polish
- [ ] Refused/Unknown
- [ ] Other Western European (i.e. Belgian)
- [ ] Other Eastern European (i.e. Russian)
- [ ] Other Northern European (i.e. Finnish)
- [ ] Other (Specify)

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

- [ ] No, not Spanish/Hispanic/Latino
- [ ] Yes, Mexican, Mexican American, Chicano
- [ ] Yes, Cuban
- [ ] Yes, Puerto Rican
- [ ] Yes, other Spanish/Hispanic/Latino (e.g. Spaniard, Salvadoran, Dominican, Columbian) Specify___________________________
- [ ] Refused/Unknown