North Dakota Parent's Worksheet
ND Department of Health
Division of Vital Records
(01-01-2020)

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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)***.

_____ _____ _____ ____ (Jr, III, Etc)
First Middle Last Suffix

Mother's Information

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

   _____ _____ _____ ____ (Jr, III, Etc)
   First Middle Last Suffix

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

   _____ _____ _____ ____ (Jr, III, Etc)
   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 ☐ N/A
   ☐ No

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

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
      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

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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.

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

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.

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

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

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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

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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