



# North Dakota Parent's Worksheet

ND Department of Health  
Division of Vital Records  
(03-01-2021)

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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).**

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

### 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 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 \_\_\_\_\_

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).

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

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

14. 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"/> <u>Other Eastern European (i.e. Russian)</u>  |
| <input type="checkbox"/> German                                    |  |
| <input type="checkbox"/> French                                    | <input type="checkbox"/> <u>Other Northern European (i.e. Finnish)</u> |
| <input type="checkbox"/> Scandinavian (Norwegian, Danish, Swedish) |  |
| <input type="checkbox"/> Polish                                    | <input type="checkbox"/> <u>Other (Specify)</u>                        |
| <input type="checkbox"/> Refused/Unknown                           |  |

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?

- |  |   |
|--|---|
| <input type="checkbox"/> Private Insurance (i.e. Sanford, Medica, Aetna, etc.) | <input type="checkbox"/> Self-Pay                   |
| <input type="checkbox"/> Blue Cross/Blue Shield                                | <input type="checkbox"/> Other Government Insurance |
| <input type="checkbox"/> Medicaid  | <input type="checkbox"/> Other (Specify)            |
| <input type="checkbox"/> Military (TriCare)                                    |   |
| <input type="checkbox"/> Indian Health Service                                 | <input type="checkbox"/> _____<br>Refused/Unknown   |



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

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) |
| <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano | Specify _____   |
| <input type="checkbox"/> Yes, Cuban                              | <input type="checkbox"/> Refused/Unknown  |
| <input type="checkbox"/> Yes, Puerto Rican                       |   |