



DISTRICT ONE
H O S P I T A L

200 STATE AVENUE • FARIBAULT, MN 55021-6345

Patient Identification Sticker
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BIRTH CERTIFICATE WORKSHEET

This form will be used to create your baby's official birth certificate. Complete as much of the information as possible, including full legal names. Return this form along with your pre-admission paperwork to District One Hospital. If you have any questions, please contact the Women's Health Unit at 332-4743. Thank you.

PLEASE PRINT

DUE DATE _____

MOTHER

NAME: _____ Maiden Surname: _____
 (First) (Middle) (Last)

Date of Birth: _____ Birth Place (state or foreign country) _____ Marital Status: _____

Address: _____
 (Street) (City) (State) (ZIP) (County)

Mailing Address: _____
 (if different) (Street) (City) (State) (ZIP) (County)

Do you live inside the city limits? Yes _____ No _____ If no, Name of Township: _____

Social Security Number: _____ - _____ - _____

Education (Highest grade completed) Elem/Secondary (0-12) _____ College (1-4 or 5+) _____

Live Births (do not include this child)
 Number of children: living _____ deceased _____

Date of last live birth (month, year) _____

Other Terminations (spontaneous and/or induced at any time after conception)
 Number of terminations: _____ Date of last termination (month, year) _____

****Single mothers do not complete this area unless completing the Recognition of Parentage.****

FATHER

NAME: _____
 (First) (Middle) (Last)

Date of Birth: _____ Birth Place (state or foreign country) _____ Marital Status: _____

Address: _____
 (Street) (City) (State) (ZIP) (County)

Social Security Number: _____ - _____ - _____

Education (Highest grade completed) Elem/Secondary (0-12) _____ College (1-4 or 5+) _____

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CHILD

NAME: _____ SEX: Male Female
(First) (Middle) (Last)

Date of Birth: _____ Time of Birth: _____ Birth Weight: _____ Delivered by: _____

Do you want the hospital to file for a Social Security number for this child? Yes No
If birth to single mother, does the mother designate the birth record: Public Private

(A private birth record may only be given to the parent or guardian of the child, to the child at age 16 or older, or according to law or a court order)

What is your Race?	Mother	Father
White		
Black or African American		
American Indian or Alaska Native		
Name of enrolled or principal tribe(s)		
Asian Indian		
Chinese		
Filipino		
Japanese		
Korean		
Vietnamese		
Other Asian (Specify)		
Native Hawaiian		
Guamanian or Chamorro		
Samoan		
Other Pacific Islander (specify)		
Other (specify)		
Unknown		
Spanish /Hispanic/Latina Origin?		
No, not Spanish/Hispanic/Latina		
Yes, Mexican, Mexican American, Chicana		
Yes, Puerto Rican		
Yes, Cuban		
Yes, other Spanish/Hispanic/Latina (specify)		
Unknown if Spanish/Hispanic/Latina		

I give my permission for the following birth announcement information to be released to the Faribault Daily News for publication: Parents names, City of Residence, Date of baby's birth and sex of baby.

Yes No

I certify that the information provided on this worksheet is correct. I understand that this information will be used to create the official birth certificate with the Minnesota Department of Health.

Mother's Signature

Father's Signature