



**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+) \_\_\_\_\_

Form Number H00184  
 Revision Date: 6/04  
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Birth Certificate Worksheet



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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