m DEPARTMENT OF HEALTH

Instructions to register your child's birth

COMPLETE THE WORKSHEET. PROVIDE ACCURATE INFORMATION.

Registering your child's birth is important. The information you provide on the worksheet will register your child's birth and name and create your child's birth record. Some of this information will print on your child's legal birth certificate. Some information will help all mothers and babies get services they need. Other information helps produce statistics that improve public health and birth outcomes. Follow the instructions. Fill out the worksheet carefully and completely. Turn it in when you are done.

Child Information

Use this section to name your child and provide information to match the worksheet to the health record. The name you choose for your child must meet Minnesota's standards. This makes sure that your child's name fits on the birth certificate, and that public services and programs in the United States will accept it. Names and words on birth certificates print in all capital letters.

Use:

- Letters from the Modern English alphabet (A-Z) to spell the name; including spaces, hyphens (-) and apostrophes (') (e.g. GARCIA-OLSON, O'GARA)
- One, two, or three words to name your child (first, middle, and last name) - if you give your child only one name, write it in the "last name" box on the worksheet
- Up to 50 characters for each of the first, middle, and last names
- Any word to name your child including either parent's last name
- Optional last name suffixes (e.g., JR, SR, III)

Do not use:

- Numbers (numeric characters) (You may spell out a number as a name, e.g., TWELVE)
- Special characters (e.g., @, *, $) other than hyphens and apostrophes
- Handwritten notes, comments, symbols, or drawings
- Titles (e.g., KING, PRINCE, REVEREND) unless the word is used as the name
- Academic honorific titles (e.g., PhD, MA) after the last name unless it is part of a name

You do not need to name your child to register the birth. However, you will need to change the birth record in the future, if you register your child as BABY GIRL or BABY BOY, or with no name. You may be required to supply supporting documents, pay a fee for the change, and buy a new birth certificate.

You may apply for your child's Social Security Number (SSN) by checking YES on the *Worksheet for creating your child's birth record*. If you check NO, you will have to apply for your child's social security number in person. Your child must have a name before the Social Security Administration will give your child a SSN.

Mother or Gestational Carrier Information

In this section, report information about yourself, the pregnancy, and the birth. Some of this information identifies you as the parent and prints on the birth certificate. Other information, without identifying you, tracks trends and data to help public health. You must provide your Social Security Number if you have one. Please check all race and ethnicity boxes that apply to you.

Single or Married

Marital status is important.

- If you are single, only your name as the mother appears on your child's birth record. To list a second parent on your child's birth record, you must establish parentage. You may establish parentage in the hospital, or later on. Ask for parentage information.
- If you are single, your child's birth record and birth certificate are confidential by law. You may make them public by checking YES when you complete the worksheet.
  - **Confidential** records have restrictions. Only you, the child at age 16, the child's legal guardian, an individual with a court order, or the Minnesota Department of Human Services can get the confidential record or certificate.
  - A **public** record allows you and others who have a relationship to the child (e.g., grandparent, spouse, attorney) to get information and the birth certificate.
- If you are married, your child's birth record is public by law.
- If you are married or were married when the child was conceived, or at any time up to the birth, your spouse's information will be registered as part of the birth record and your spouse's name will be listed as a parent on your child's birth record.

Second Parent

In this section, report information about the second parent. Some of this information identifies the second parent and prints on the birth certificate. Other information, without identifying the second parent tracks trends and data to help public health. You must provide the second parent's Social Security Number if they have one. Please check all race and ethnicity boxes that apply to the second parent.

Next steps

Check the record

After you complete the worksheet, give it to the staff. They will enter the information into the vital records system to create your child's birth record. Ask to see the Parent Verification printout. Check the information carefully. Tell staff if you find mistakes.

Getting a birth certificate

After the record is final, you may purchase your child's birth certificate at any Minnesota county vital records office or from the Minnesota Department of Health. Birth certificates cost $26. Ask to check the record before you buy a certificate. A birth certificate is an identity document for your child. Keep the certificate safe.

Worksheet for creating your child's birth record

You are providing information to create your child's birth record and improve public health. Some of this information prints on the birth certificate.
Please fill out this worksheet carefully and completely.

Child

Give your child any name you choose. The name you choose will print on your child's birth certificate in CAPITAL letters. Use the letters A-Z. Only spaces, apostrophes (') or hyphens (-) are allowed. You may put an apostrophe (') between any two letters or at the end of a name.

Child's first name	Child's middle name	Child's last name(s)	Suffix

Child's date of birth (mm/dd/yyyy) _____ / _____ / _____	Child's sex	# births this pregnancy (Plurality)	☐ Single ☐ Twin ☐ Triplet Specify other	If not a single birth, order born in the delivery.

To apply for your child's **Social Security Number**, check 'Yes'. The State of Minnesota will send information to the Social Security Administration to assign your child's social security number. ☐ **Yes** ☐ **No**

Mother or gestational carrier information

Current first name	Current middle name	Current last name	Suffix

First name before first marriage	Middle name before first marriage	Last name before first marriage	Suffix

Birthplace – State or foreign country	Birthplace – City	Date of birth (mm/dd/yyyy) _____ / _____ / _____

Physical address of residence (include city and zip code)

County of residence	If not within city limits, name of township	Social Security Number (xxx-xx-xxxx) _____ - _____ - _____

Mailing address (may be different from physical address of residence) ☐ Same as residence address

Cigarette smoking before and during pregnancy
For each three-month period to the right, enter either the number of cigarettes or the number of packs of cigarettes smoked. **IF NONE, ENTER "0"**

Average number smoked per day:	# of cigarettes or # of packs
3 months *before* pregnancy	
First 3 months of pregnancy	
Second 3 months of pregnancy	
Last 3 months of pregnancy	

Did you get food for yourself from the **Women, Infants & Children (WIC) nutritional program** during this pregnancy?

☐ Yes ☐ No *If yes*, **what month** of pregnancy did you get started in WIC?

(First, second, third, etc.) _____

Your pre-pregnancy weight (pounds)	Your height (feet/inches)

Education – *Check the box that best describes the highest level of school you have completed at the time of this baby's birth.*

☐ 8th grade or less
☐ 9th – 12th grade, no diploma
☐ High school graduate or GED finished
☐ 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)

Hispanic – *If you are not Spanish/Hispanic/Latina, check the "No" box.*

☐ No, not Spanish/Hispanic /Latina
☐ Yes, Mexican, Mexican American/Chicana
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, Other Spanish/Hispanic /Latina (e.g., Salvadoran, Dominican, Colombian) (specify): _____

Race/Ethnicity *Check all that apply.*

☐ White
☐ Black or African American
☐ Somali
☐ Liberian
☐ Kenyan
☐ Nigerian
☐ Ethiopian
☐ Sudanese
☐ Ghanaian
☐ Other African (specify) _____

☐ American Indian / Alaska Native (name of enrolled or principal tribe) _____
☐ Asian Indian
☐ Chinese
☐ Filipino
☐ Japanese
☐ Korean
☐ Cambodian
☐ Hmong
☐ Laotian

☐ Vietnamese
☐ Other Asian (specify) _____
☐ Native Hawaiian
☐ Guamanian or Chamorro
☐ Samoan
☐ Other Pacific Islander (specify) _____
☐ Other Race (specify) _____

Worksheet for creating your child's birth record

You are providing information to create your child's birth record and to improve public health. Some of this information prints on the birth certificate. Please complete this worksheet carefully and completely.

<table>
<tr>
<td rowspan="2">Single</td>
<td>

If you are single, your child's birth record is 'confidential' unless you make it 'public'.

Do you want to make the birth record 'public'? ☐ **Yes** ☐ **No**, leave the birth record as a confidential record

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<tr>
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If you are single and you want the biological father's information on your child's birth record, you must establish parentage.

Parents who are not married to each other may sign a legal form to establish paternity for a child born to them. If you agree, you may both sign the Minnesota Voluntary Recognition of Parentage (ROP) form to make the man the legal father. You can do this at the hospital or after leaving the hospital. There is no fee to file an ROP with the Minnesota Department of Health (MDH). As soon as MDH receives and files the ROP, we will put the biological father's information on the birth record.

Do you and the biological father want to sign a Voluntary Recognition of Parentage (ROP) now? ☐ **Yes** ☐ **No**

Instead of signing the ROP, you may ask the court to establish paternity.

</td>
</tr>
<tr>
<td>Married</td>
<td>

Are you legally married now, or were you married when this child was conceived or any time up to the birth? ☐ **Yes** ☐ **No**

If you are married now or were married at any time during your pregnancy, your spouse is the legal parent of your child.

If you are married and your spouse is not the biological father of your child, your spouse can sign a Spouse's Non-Parentage Statement (SNPS), and you and the biological father can sign a Voluntary Recognition of Parentage (ROP) form. Upon receipt of the two forms at the Minnesota Department of Health, the biological father's information will replace your spouse's information on the birth record.

Does your spouse want to complete the SNPS? ☐ **Yes** ☐ **No**

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</table>

Second Parent Information

Current first name	Current middle name	Current last name	Suffix

Complete this row only if second parent's name changed with marriage	First name before first marriage	Middle name before first marriage	Last name before first marriage	Suffix

Date of birth (mm/dd/yyyy)	Birthplace – State or foreign country	Birthplace – City
_____ / _____ / _____		

Social Security Number (xxx-xx-xxxx)	Mailing Address ☐ Same as mother's address
_____ - _____ - _____	

Education – *Check the box that best describes the highest level of school that the second parent has completed at the time of this baby's birth.*

☐ 8th grade or less   ☐ Associate degree (e.g. AA, AS)
☐ 9th – 12th grade, no diploma   ☐ Bachelor's degree (e.g. BA, AB, BS)
☐ High school graduate or GED finished   ☐ Master's degree (e.g. MA, MS, MEng, Med, MSW, MBA)
☐ Some college credit, but no degree   ☐ Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)

Hispanic – *If the second parent is not Spanish/Hispanic/Latino, check the "No" box.*

☐ No, not Spanish/Hispanic /Latino   ☐ Yes, Cuban
☐ Yes, Mexican, Mexican American/Chicano   ☐ Yes, Other Spanish/Hispanic /Latino (e.g., Salvadoran, Dominican,
☐ Yes, Puerto Rican   Colombian) (specify): _____

Race/Ethnicity *Check all that apply to the second parent*

☐ White   ☐ American Indian / Alaska Native (name of   ☐ Vietnamese
☐ Black or African American   enrolled or principal tribe)   ☐ Other Asian (specify)
☐ Somali
☐ Liberian   _____   _____
☐ Kenyan   ☐ Asian Indian   ☐ Native Hawaiian
☐ Nigerian   ☐ Chinese   ☐ Guamanian or Chamorro
☐ Ethiopian   ☐ Filipino   ☐ Samoan
☐ Sudanese   ☐ Japanese   ☐ Other Pacific Islander (specify)
☐ Ghanaian   ☐ Korean
☐ Other African (specify)   ☐ Cambodian   _____
     ☐ Hmong   ☐ Other Race (specify)
   _____   ☐ Laotian   _____