

## Family Birth Place Pre-Admission Forms

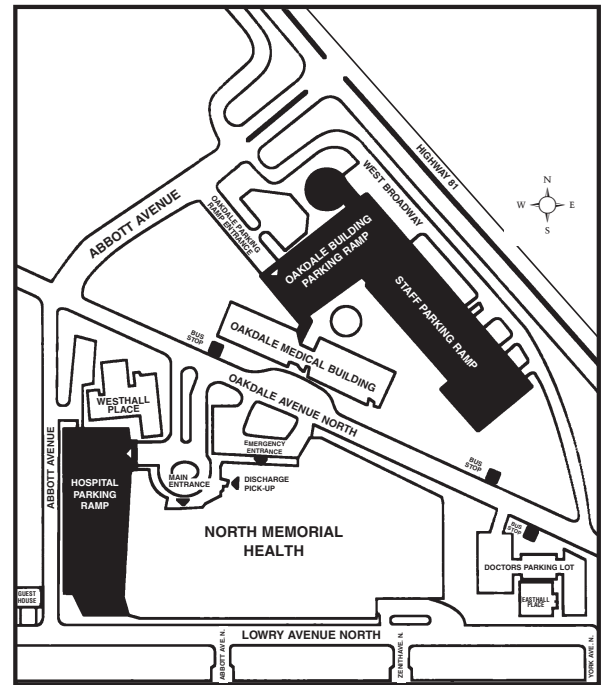
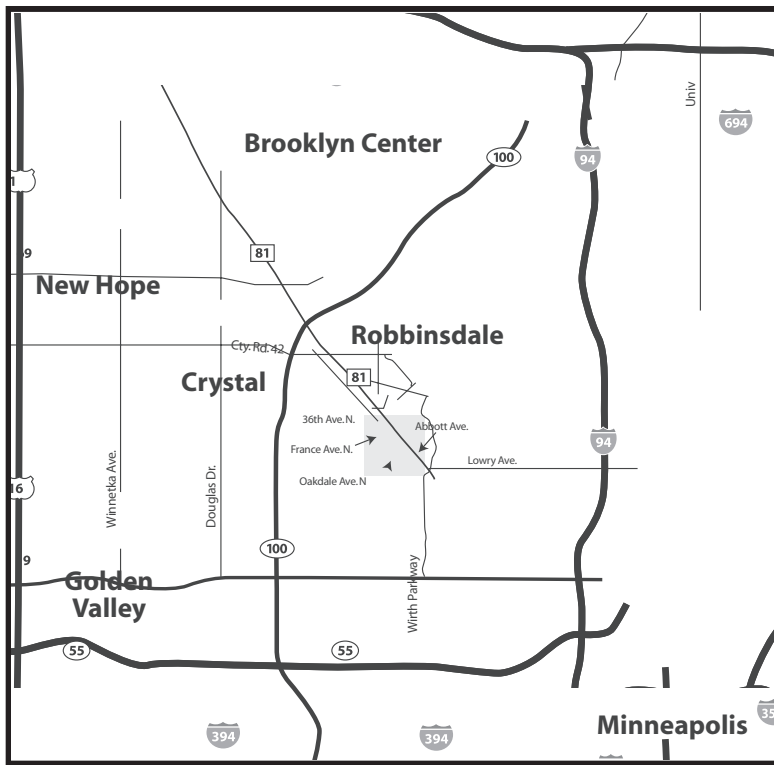
**Thank you for choosing North Memorial Health for the birth of your baby!**

Please complete and **return the Family Birth Place Pre-admission Registration form (page 2) in the enclosed postage-paid envelope at least two months prior to your due date. If you prefer to fax the form, the number is (763) 581-8371.** If you have any pre-registration questions, call (763) 581-4360.

**Bring the two forms listed below when you come to the hospital to have your baby.**

- **Birth Preferences (page 3)** - Birth Preferences can help you make special plans for your baby's birth. We will follow your wishes as much as we can, provided that you and your baby are not at risk. Be sure to keep a copy for yourself.
- **Naming your baby and birth certificate information (pages 4-6)** - this information is used to complete your baby's legal birth certificate.

**When the time arrives for the birth of your baby, park in the HOSPITAL ramp. Short-term parking is available for free for expectant mothers in the ramp. All other doors lock at 6 p.m. Our emergency room entrance is open 24 hours a day.**



# Family Birth Place Pre-Admission Registration

**This form should be completed and returned to Pre-Registration Dept. at least 2 months prior to your due date. You can return it using the postage paid envelope or Fax to (763) 581-8371. Enclose a copy of your insurance cards and bring them with you.**

NAME (LAST) (FIRST) (MIDDLE) (MAIDEN/FORMER) LIST ALL

ADDRESS CITY STATE ZIP EMAIL ADDRESS

HOME NO. WORK NO. CELL NO.

BIRTHDATE MARITAL STATUS RELIGION

SOCIAL SECURITY NUMBER (OPTIONAL) EMPLOYER EMPLOYMENT STATUS

OB PHYSICIAN/MIDWIFE NEWBORN PHYSICIAN DUE DATE (APPROX.)

RACE ETHNICITY PRIMARY LANGUAGE SPOKEN NEED INTERPRETER? (FOREIGN LANGUAGE OR SIGNING)

EMERGENCY CONTACT RELATION

HOME NO. WORK NO. CELL NO.

ADDITIONAL EMERGENCY CONTACT RELATION

HOME NO. WORK NO. CELL NO.

LIST ALL INSURANCE POLICIES THAT COVER THE PATIENT. PATIENT'S INSURANCE POLICY IS ALWAYS PRIMARY

INSURANCE POLICY # GROUP #

POLICYHOLDER'S NAME BIRTHDATE SS #

INSURANCE ADDRESS PHONE

EMPLOYER'S NAME PHONE

EMPLOYER ADDRESS

INSURANCE 2 POLICY # GROUP #

POLICYHOLDER'S NAME BIRTHDATE SS #

INSURANCE ADDRESS PHONE

EMPLOYER'S NAME PHONE

EMPLOYER'S ADDRESS

SELF PAY  PLEASE CALL (763) 581-4480

HOW DID YOU HEAR ABOUT NMMC? FRIEND/FAMILY PROVIDER INSURANCE TV RADIO OTHER

# Birth Preferences

(optional)

Completing this Birth Preferences form will help your health care providers, family and birth partner understand what is important to you. **We will follow your wishes as much as we can, provided that you and your baby are not at risk.** Be sure to discuss this form with your health care provider and keep a copy for yourself.

**Mother's Name** \_\_\_\_\_ **Mother's DOB:** \_\_\_\_\_ **Due Date:** \_\_\_\_\_

**Mother's Birth Partner's Name:** \_\_\_\_\_ **Mother's Phone #:** \_\_\_\_\_

**Baby's Last Name** \_\_\_\_\_ **Baby's Clinic:** \_\_\_\_\_

Personal information you would like your labor nurse to know about you (example: past life experiences that may effect this birth; fears; feelings about pain medications):

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During labor & birth, I would like (example: pain relief options, role of birth partner): \_\_\_\_\_

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I have special cultural and/or spiritual requests. (please list): \_\_\_\_\_

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I need an interpreter. (foreign language or signing): \_\_\_\_\_

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After the birth, I would like: \_\_\_\_\_

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Baby feeding method?  Breast  Bottle  Undecided Do you have a carseat?  Yes  No

Intending to circumcise a son? (check your insurance coverage)  Yes  No  Undecided

**For questions or concerns, please contact our Labor and Delivery Unit at (763) 581-8370.**

For more detailed information regarding our services,  
visit our Web site at:

[northmemorial.com](http://northmemorial.com)

# Naming your baby and birth certificate information

Please use this worksheet to give your baby's name and your demographic information to the hospital birth registry staff. *The information you provide will be used to create your child's birth certificate.* The birth certificate is a document that proves your child's age, citizenship and parentage. This document will be used by your child throughout his/her life. State laws provide protection against unauthorized release of identifying information from birth certificates to protect the privacy of the parents and their child.

It is very important that you provide complete and accurate information to all of the questions. In addition to information used for legal purposes, other information from the birth record is used by health and medical researchers to study and improve the health of mothers and newborn infants. Items such as parents' education, race, and lifestyle factors will be studied, but will not appear on the birth certificate issued to you or your child.

Birth records must be filed within 5 days of the birth. If you do not name your child within 5 days, the record will be filed as "baby boy" or "baby girl" and no automatic Social Security Number can be issued, but you can change the name free of charge within 45 days of the birth.

**Baby** You can give your baby any first, middle and last name you choose. Legally, it is permissible to give your child the last name of the mother, the father, a combination of the names or another last name of your choosing. Please keep in mind that names print on the birth certificates in capital letters. Apostrophes (') and hyphens ( - ) can only be placed between two letters, not at the beginning or end of a name. No other special characters are permitted.

Minnesota statute requires that all births be registered within 5 days. The hospital or your homebirth midwife must submit the birth registration at that time. If a name has not yet been selected, the registration will be filed with a generic name like "baby boy" or "baby girl" and your last name. **You can change your baby's name any time within 45 days using the Parent Notice you will receive from the county.**

***How would you like your baby's legal name to appear on the birth certificate?***

**Baby A name**

first

middle

last

- Jr
- Sr
- II
- \_\_

**Baby B name** (if multiple birth)

first

middle

last

- Jr
- Sr
- II
- \_\_

Checking the box below authorizes the State to provide the Social Security Administration with the information from this form which is needed to assign a number. *Parent Social Security Numbers must be completed.* Do you wish to apply for a free **Social Security Number for your baby** now?  **Yes**  **No**

If you do not wish to get a Social Security Number now, you can still apply for a free Social Security Number by bringing your baby's birth certificate to a Social Security Administration office. Social Security Numbers are always free, contact the Social Security Administration for more information at 1-800-772-1313 or online at [ssa.gov](http://ssa.gov).

Contact information in case the birth registrar has any questions about information contained in this form.

Phone (1) \_\_\_\_\_ Phone (2) \_\_\_\_\_.

# Mother

first

current legal name

middle

last

What was your name before you were first married (maiden name)?

Date of birth

/ /

mm/dd/yyyy

**Social Security Number (SSN)** Furnishing parent(s) Social Security Numbers is required by Federal Law. The numbers will be made available to the Minnesota Department of Human Services to assist with child support enforcement activities and to the Internal Revenue Service. Social Security numbers do not appear on the birth certificate.

SSN: / /  I don't have a Social Security Number

Where were you born?:

Country

State (if US)

City

Where do you live (residence address)?

Street

Apt#

City

State

Zip

County of Residence?

Inside city limits?

Yes  No

Mailing address  use residence address

Street

Apt#

City

State

Zip

Did you get WIC food during this pregnancy?

Yes  No

If yes - What month of pregnancy did WIC begin?  
(first, second, etc.)

Did you smoke cigarettes 3 months before or during this pregnancy?  Yes  No

If yes - number of cigarettes per day

\_\_\_ 3 mo before \_\_\_ First trimester

\_\_\_ Second trimester \_\_\_ Third trimester

Were you married at any time during this pregnancy?

Yes  No

In the state of Minnesota, if you were married at any time during the pregnancy, your husband is legally the father of your baby. His name and place of birth will appear on the birth certificate.

If you are unmarried, no information about the father will print on the birth certificate unless you and the father choose to complete a *Voluntary Recognition of Parentage* form to establish paternity.

**If you are married** and your husband is not the father of your baby, do you wish to complete a Husband's Non-Paternity Statement and a Voluntary Recognition of Parentage?

Yes  No

**If you are single** and would like the father's name on your baby's birth record, you and the father can sign a *Voluntary Recognition of Parentage* form. This means the father accepts legal responsibility for this child.

**Yes** we would like to sign a Recognition of Parentage form

**No** the *Recognition of Parentage form* will not be done at this time. I understand there will be no father's information on my child's birth certificate

Your baby's birth record is considered confidential unless you request the information to be public. A confidential record may be given to a parent or guardian of the child, to the child at age 16, or disclosed according to court order, but it is not available to grandparents, siblings or spouses.

**Yes** change the birth record to a public record

**No** leave the birth record as a confidential record

<b>Father</b>		<i>current legal name</i>			<input type="checkbox"/> Jr
<b>first</b>		<b>middle</b>		<b>last</b>	<input type="checkbox"/> Sr
					<input type="checkbox"/> II
					<input type="checkbox"/> ____
<b>Date of birth</b> / / mm/dd/yyyy	<b>Social Security Number</b> / / <input type="checkbox"/> I don't have a Social Security Number	<b>Where were you born?</b> Country State (if US) City			
<b>Mailing address</b> <input type="checkbox"/> use mother's mailing address				<b>County of Residence?</b>	
Street	Apt. #	City	State	Zip	

## Both parents' demographics

**Education** – check the box that best describes your highest level of school completed at the time of this baby's birth

**Mother** **Father**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 8th grade or less   |
| <input type="checkbox"/> | <input type="checkbox"/> | 9th-12th grade, no diploma  |
| <input type="checkbox"/> | <input type="checkbox"/> | High school graduate or GED completed   |
| <input type="checkbox"/> | <input type="checkbox"/> | Some college credit, but no degree  |
| <input type="checkbox"/> | <input type="checkbox"/> | Associate degree (e.g. AA, AS)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Bachelor's degree (e.g. BA, AB, BS)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Master's degree (e.g. MA, MS, MEng, Med, MSW, MBA)                            |
| <input type="checkbox"/> | <input type="checkbox"/> | Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD) |

**Race** – check all that apply to you

**Mother** **Father**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | White   |
| <input type="checkbox"/> | <input type="checkbox"/> | Black or African American   |
| <input type="checkbox"/> | <input type="checkbox"/> | Somali  |
| <input type="checkbox"/> | <input type="checkbox"/> | Ethiopian   |
| <input type="checkbox"/> | <input type="checkbox"/> | Liberian  |
| <input type="checkbox"/> | <input type="checkbox"/> | Ghanaian  |
| <input type="checkbox"/> | <input type="checkbox"/> | Kenyan  |
| <input type="checkbox"/> | <input type="checkbox"/> | Sudanese  |
| <input type="checkbox"/> | <input type="checkbox"/> | Nigerian  |
| <input type="checkbox"/> | <input type="checkbox"/> | Other African (specify) _____   |
| <input type="checkbox"/> | <input type="checkbox"/> | American Indian or Alaska Native (specify name of enrolled/principal tribe) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Asian   |
| <input type="checkbox"/> | <input type="checkbox"/> | Asian Indian  |
| <input type="checkbox"/> | <input type="checkbox"/> | Chinese   |
| <input type="checkbox"/> | <input type="checkbox"/> | Filipino  |
| <input type="checkbox"/> | <input type="checkbox"/> | Japanese  |
| <input type="checkbox"/> | <input type="checkbox"/> | Korean  |
| <input type="checkbox"/> | <input type="checkbox"/> | Hmong   |
| <input type="checkbox"/> | <input type="checkbox"/> | Cambodian   |
| <input type="checkbox"/> | <input type="checkbox"/> | Laotian   |
| <input type="checkbox"/> | <input type="checkbox"/> | Vietnamese  |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Asian (specify) _____   |

**Race** – check all that apply to you

**Mother** **Father**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Other Pacific Islander (specify) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Native Hawaiian                        |
| <input type="checkbox"/> | <input type="checkbox"/> | Guamanian or Chamorro                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Other (specify) _____                  |

**Hispanic origin** – check all that apply

**Mother** **Father**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Not Hispanic   |
| <input type="checkbox"/> | <input type="checkbox"/> | Yes, Mexican, Mexican American   |
| <input type="checkbox"/> | <input type="checkbox"/> | Yes, Puerto Rican  |
| <input type="checkbox"/> | <input type="checkbox"/> | Yes, Cuban   |
| <input type="checkbox"/> | <input type="checkbox"/> | Yes, other Spanish/Hispanic/Latina/ Latino (e.g. Salvadoran, Dominican, Columbian (specify) _____) |