



## PREREGISTRATION AND BIRTH CERTIFICATE INFORMATION

Please send in this preregistration form to the CentraCare hospital you will be delivering at as soon as possible, attn. Admissions. Be sure to have this form completed before week 28. You also can complete this preregistration form on MyChart. Thank you!

Estimated date of baby's birth: \_\_\_\_\_ Baby's last name will be: \_\_\_\_\_

Do you want a social security number ordered for your baby at birth? Circle: Yes No

### PATIENT'S INFORMATION

Patient's legal name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Street address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_ Home phone number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

County: \_\_\_\_\_ In city limits? \_\_\_\_\_ If out of city, give township: \_\_\_\_\_

Marital status: Circle: Married Single Separated Divorced Widowed

Birthplace: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Name on birth certificate: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social security number: \_\_\_\_\_

Race/ethnicity: \_\_\_\_\_ If Hispanic: Circle: Cuban Mexican Puerto Rican Other Latino

Preferred language: \_\_\_\_\_ Do you speak English? \_\_\_\_\_

Education (years): Primary/secondary (K-12): \_\_\_\_\_ College: \_\_\_\_\_ Technical: \_\_\_\_\_

Degree completed? Circle: Associate Bachelor Master Doctorate

Employer: \_\_\_\_\_ Phone number: \_\_\_\_\_ Address: \_\_\_\_\_

Religion: \_\_\_\_\_ Place of worship: \_\_\_\_\_

Did you participate in the WIC nutritional program during this pregnancy? Circle: Yes No

If you circled "yes," what month of the pregnancy did WIC begin (1st, 2nd, 3rd, etc.)? \_\_\_\_\_

Pre-pregnancy weight: \_\_\_\_\_ First prenatal visit (MM/DD): \_\_\_\_\_ Nicotine use: Circle: Yes No

If yes, circle: cigarette chew vape If yes, number per day: cigarettes \_\_\_\_\_ chew/dip \_\_\_\_\_ vape cartridges \_\_\_\_\_

Single parents: Do you want the birth to be public information at the county courthouse? Circle: Yes No

If you circled "yes," your baby's birth will be listed in the newspaper.

### PARENT #2 INFORMATION (SEE MORE INFORMATION BELOW)

Parent #2 name: First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

Mailing address (if different from above): \_\_\_\_\_ Home phone number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

County: \_\_\_\_\_ In city limits? \_\_\_\_\_ If out of city, give township: \_\_\_\_\_

Marital status: Circle: Married Single Separated Divorced Widowed

Birthplace: City: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Name on birth certificate: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social security number: \_\_\_\_\_

Race/ethnicity: \_\_\_\_\_ If Hispanic: Circle: Cuban Mexican Puerto Rican Other Latino

Education (years): Primary/secondary (K-12): \_\_\_\_\_ College: \_\_\_\_\_ Technical: \_\_\_\_\_

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### PATIENT'S PREVIOUS BIRTH INFORMATION

How many children are now living? \_\_\_\_\_ How many were born alive, but are now deceased? \_\_\_\_\_

How many miscarriages/stillbirths? \_\_\_\_\_ Date of last loss? \_\_\_\_\_

Date of last live birth (prior to this pregnancy): Month: \_\_\_\_\_ Year: \_\_\_\_\_

**PROVIDER INFORMATION**

Your provider/doctor: \_\_\_\_\_ Primary or family provider/doctor: \_\_\_\_\_  
Baby's provider/doctor: \_\_\_\_\_

**TWO EMERGENCY CONTACTS**

Name of contact person: \_\_\_\_\_ Relationship to patient: \_\_\_\_\_  
Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

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**INSURANCE**

Check appropriate space below. Please bring your insurance card with you to the hospital.

**Medicare:** I.D. number: \_\_\_\_\_ Coverage: Circle one:    A & B    A only    B only

**Blue Cross/Blue Shield:** Policy holder's name: \_\_\_\_\_  
I.D. number: \_\_\_\_\_ Group number: \_\_\_\_\_

**MN Health Care Program/Medical Assistance:** Number: \_\_\_\_\_

**Other Insurance:**

Name of insurance company: \_\_\_\_\_

Policy holder's name: \_\_\_\_\_

Policy number: \_\_\_\_\_ Group number: \_\_\_\_\_

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Policy holder's name: \_\_\_\_\_

Policy number: \_\_\_\_\_ Group number: \_\_\_\_\_

**FURTHER READING:**

Establishing parentage / Minnesota Department of Human Services (mn.gov), <https://mn.gov/dhs/people-we-serve/children-and-families/services/child-support/programs-services/establishing-parentage.jsp>



Legal fathers / Minnesota Department of Human Services (mn.gov), <https://mn.gov/dhs/people-we-serve/children-and-families/services/child-support/programs-services/legal-fathers.jsp>



When a mother is married to someone other than the biological father / Minnesota Department of Human Services (mn.gov), <https://mn.gov/dhs/people-we-serve/children-and-families/services/child-support/programs-services/when-a-mother-is-married-to-someone-other-than-the-biological-father.jsp>

