

**COMMONWEALTH OF THE NORTHERN MARIANA ISLANDS  
CERTIFICATE OF LIVE BIRTH- PERSONAL INFORMATION WORKSHEET**

**PLEASE COMPLETE THIS INFORMATION TO PREPARE  
YOUR CHILD'S BIRTH CERTIFICATE**

FOR CHC STAFF USE ONLY	
CHILD HRN: _____	MOTHER HRN: _____
INTERVIEWED BEFORE DISCHARGE: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DATE INTERVIEWED: _____	STAFF INITIAL: _____
DATE FORM COLLECTED: _____	STAFF INITIAL: _____

**1. NAME OF CHILD:**

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

LAST: \_\_\_\_\_ SUFFIX:  JR,  SR,  I,  II,  III,  IV,  Other: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TIME OF BIRTH: \_\_\_\_\_ SEX:  MALE,  FEMALE  UNKNOWN  
(Month/Day/Year) (Hour: Minutes)

<p><b>2. TYPE OF PLACE WHERE BIRTH OCCURRED:</b></p> <p><input type="checkbox"/> HOSPITAL <input type="checkbox"/> HOME BIRTH: PLANNED HOME DELIVERY: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p><input type="checkbox"/> CLINIC/DOCTOR'S OFFICE <input type="checkbox"/> FREESTANDING BIRTHING CENTER</p> <p><input type="checkbox"/> OTHER _____ (Vehicle, Vessel, Airplane, etc)</p>	<p><b>3. FACILITY NAME WHERE BIRTH OCCURRED:</b></p> <p><input type="checkbox"/> COMMONWEALTH HEALTH CENTER <input type="checkbox"/> ROTA HEALTH CENTER</p> <p><input type="checkbox"/> TINIAN HEALTH CENTER</p> <p><input type="checkbox"/> OTHER _____ (Residence, Name of Clinic, Vessel, Airline Carrier, or Transportation Company etc.)</p>
<p><b>4. LOCATION WHERE BIRTH OCCURRED:</b></p> <p>VILLAGE: _____ COUNTY: <input type="checkbox"/> SAIPAN <input type="checkbox"/> TINIAN <input type="checkbox"/> ROTA <input type="checkbox"/> NORTHERN ISLANDS STATE: <u>NORTHERN MARIANA ISLANDS</u></p>	

**5. MOTHER'S NAME (MAIDEN NAME) PRIOR TO FIRST MARRIAGE:**

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

LAST: \_\_\_\_\_ SUFFIX:  JR,  SR,  I,  II,  III,  IV,  Other: \_\_\_\_\_

**6. MOTHER'S CURRENT NAME:**  Check box if same as maiden name and **SKIP to Field #9 - #19.**

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_

LAST: \_\_\_\_\_ SUFFIX:  JR,  SR,  I,  II,  III,  IV,  Other: \_\_\_\_\_

**7. DATE OF BIRTH:** \_\_\_\_\_ **10. SOCIAL SECURITY NO.:** \_\_\_\_\_

**11. BIRTHPLACE:** \_\_\_\_\_  
(COUNTY, U.S. STATE/TERRITORY OR FOREIGN COUNTRY)

<p><b>12. MOTHER'S EDUCATION</b> (Check box that best describes the highest degree or level of education completed)</p> <p><input type="checkbox"/> 8<sup>th</sup> Grade or Less <input type="checkbox"/> 9<sup>th</sup> - 12<sup>th</sup> Grade, No Diploma <input type="checkbox"/> High School Graduate or GED <input type="checkbox"/> Some College Credit But No Degree</p> <p><input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate or Professional Degree</p>			
<p><b>13. MOTHER OF HISPANIC ORIGIN?</b> (Check box that best describes whether the mother is Spanish/Hispanic/Latina)</p> <p><input type="checkbox"/> NO, NOT SPANISH/HISPANIC/LATINA <input type="checkbox"/> YES, MEXICAN, MEXICAN AMERICAN, CHICANA <input type="checkbox"/> YES, PUERTO RICAN <input type="checkbox"/> YES, CUBAN,</p> <p><input type="checkbox"/> YES, OTHER SPANISH/HISPANIC/LATINA (Specify) _____</p>			

<p><b>14. MOTHER'S RACE</b> (Check one or more races to indicate what the mother's race considers to be)</p>		
<p><b>NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER</b></p> <p><input type="checkbox"/> CHAMORRO <input type="checkbox"/> GUMANIAN <input type="checkbox"/> CHUUKESSE</p> <p><input type="checkbox"/> CAROLINIAN <input type="checkbox"/> KOSRAEAN <input type="checkbox"/> POHNPEIAN</p> <p><input type="checkbox"/> NATIVE HAWAIIAN <input type="checkbox"/> YAPESE</p> <p><input type="checkbox"/> SAMOAN <input type="checkbox"/> MARSHALLESE <input type="checkbox"/> PALAUAN</p> <p><input type="checkbox"/> OTHER 1<sup>ST</sup>: _____</p> <p><input type="checkbox"/> OTHER 2<sup>ND</sup>: _____</p>	<p><b>ASIAN</b></p> <p><input type="checkbox"/> ASIAN INDIAN</p> <p><input type="checkbox"/> CHINESE</p> <p><input type="checkbox"/> FILIPINO</p> <p><input type="checkbox"/> JAPANESE</p> <p><input type="checkbox"/> KOREAN</p> <p><input type="checkbox"/> VIETNAMESE</p> <p><input type="checkbox"/> OTHER 1<sup>ST</sup>: _____</p> <p><input type="checkbox"/> OTHER 2<sup>ND</sup>: _____</p>	<p><b>OTHER</b></p> <p><input type="checkbox"/> WHITE</p> <p><input type="checkbox"/> BLACK OR AFRICAN-AMERICAN</p> <p><input type="checkbox"/> AMERICAN INDIAN or ALASKA NATIVE(AIAN)</p> <p>AIAN 1<sup>ST</sup>: _____</p> <p>AIAN 2<sup>ND</sup>: _____</p> <p><input type="checkbox"/> OTHER 1<sup>ST</sup>: _____</p> <p><input type="checkbox"/> OTHER 2<sup>ND</sup>: _____</p>

**15. RESIDENCE PHYSICAL ADDRESS** (Street Number, City, County, State, Zip code – NOT PO BOX ADDRESS) **16. INSIDE CITY LIMITS?**  YES  NO

FULL ADDRESS: \_\_\_\_\_

**17. MAILING ADDRESS** (CITY, COUNTY, STATE, ZIP CODE)

FULL ADDRESS: \_\_\_\_\_

**18. PHONE NUMBER:** \_\_\_\_\_ **19. E-MAIL ADDRESS:** \_\_\_\_\_

**20. NAME OF SECOND PARENT (BIRTH NAME) PRIOR TO FIRST MARRIAGE:**  Check box if second parent is **NOT STATED** and **SKIP** to Field #33 - #35.

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_  
 LAST: \_\_\_\_\_ SUFFIX:  JR,  SR,  I,  II,  III,  IV,  Other: \_\_\_\_\_

**21. CURRENT NAME OF SECOND PARENT:**  Check box if same as birth name and **SKIP** to Field #22 - #35.

FIRST: \_\_\_\_\_ MIDDLE: \_\_\_\_\_  
 LAST: \_\_\_\_\_ SUFFIX:  JR,  SR,  I,  II,  III,  IV,  Other: \_\_\_\_\_

**22. DATE OF BIRTH:** \_\_\_\_\_ **23. SOCIAL SECURITY NO.:** \_\_\_\_\_

**24. BIRTHPLACE:** \_\_\_\_\_  
 (COUNTY, U.S. STATE/TERRITORY OR FOREIGN COUNTRY)

**25. PARENT'S EDUCATION** (Check box that best describes the highest degree or level of education completed)

- 8<sup>th</sup> Grade or Less  9<sup>th</sup> - 12<sup>th</sup> Grade, No Diploma  High School Graduate or GED  Some College Credit But No Degree  
 Associate Degree  Bachelor's Degree  Master's Degree  Doctorate or Professional Degree

**26. PARENT OF HISPANIC ORIGIN?** (Check box that best describes whether the parent is Spanish/Hispanic/Latino/a)

- NO, NOT SPANISH/HISPANIC/LATINO/A  YES, MEXICAN, MEXICAN AMERICAN, CHICANO/A  YES, PUERTO RICAN  YES, CUBAN,  
 YES, OTHER SPANISH/HISPANIC/LATINO/A (Specify) \_\_\_\_\_

**27. PARENT'S RACE** (Check one or more races to indicate what the parent's race considers to be)

**NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER**

- CHAMORRO  GUMANIAN  CHUUKESSE  
 CAROLINIAN  KOSRAEAN  POHNPEIAN  
 NATIVE HAWAIIAN  YAPESE  
 SAMOAN  MARSHALLESE  
 PALAUAN  
 OTHER 1<sup>ST</sup>: \_\_\_\_\_  
 OTHER 2<sup>ND</sup>: \_\_\_\_\_

**ASIAN**

- ASIAN INDIAN  
 CHINESE  
 FILIPINO  
 JAPANESE  
 KOREAN  
 VIETNAMESE  
 OTHER 1<sup>ST</sup>: \_\_\_\_\_  
 OTHER 2<sup>ND</sup>: \_\_\_\_\_

**OTHER**

- WHITE  
 BLACK OR AFRICAN-AMERICAN  
 AMERICAN INDIAN or ALASKA NATIVE(AIAN)  
 AIAN 1<sup>ST</sup>: \_\_\_\_\_  
 AIAN 2<sup>ND</sup>: \_\_\_\_\_  
 OTHER 1<sup>ST</sup>: \_\_\_\_\_  
 OTHER 2<sup>ND</sup>: \_\_\_\_\_

**28. RESIDENCE PHYSICAL ADDRESS** (Street Number, City, County, State, Zip code – NOT PO BOX ADDRESS)

FULL ADDRESS: \_\_\_\_\_

**29. INSIDE CITY LIMITS?**  YES  NO

**30. MAILING ADDRESS** (CITY, COUNTY, STATE, ZIP CODE)

FULL ADDRESS: \_\_\_\_\_

**31. PHONE NUMBER:** \_\_\_\_\_ **32. E-MAIL ADDRESS:** \_\_\_\_\_

**33. MOTHER MARRIED (At birth, conception, or any time between)?**  YES  NO

Per statute, 1CMC §26007, if the mother who gives birth to the child is legally married at the time of conception or birth, the husband **SHALL** be entered on the certificate as the father of the child. If the mother is **NOT** married, the name of the father **SHALL NOT** be entered on the birth certificate without a signed **Declaration of Paternity** by the mother and the person to be named as the father. The **declaration of paternity form** is available at the Health and Vital Statistics Office.

**34. REQUESTING THE CHILD'S SOCIAL SECURITY NUMBER THROUGH THE BIRTH REGISTRATION PROCESS.**

**DO YOU WANT TO REQUEST A SOCIAL SECURITY NUMBER FOR YOUR NEWBORN?**  YES  NO

**NOTICE TO PARENTS:** The Social Security Administration guidance limits the Enumeration at Birth program to hospital births only. Completion of this form at the Commonwealth Health Center, Rota Health Center, Tinian Health Center, and/or the Health and Vital Statistics Office will enable you to receive valuable services from the state and/or federal government. Federal and State law requires that a Social Security Number be provided for all dependents listed on federal and/or state income tax forms. A Social Security Number is also necessary when applying for welfare or other public assistance benefits for your child. By completing this form and requesting a Social Security Number for your new baby, the Commonwealth Healthcare Corporation's Health and Vital Statistics Office will transmit your request to the Social Security Administration, and a card will be mailed to you within six weeks or more, eliminating the need for you to personally visit a Social Security office with evidence of your child's identity, birth date, and citizenship.

**CERTIFICATION**

**CAUTION:** Per 1CMC § 26025 of the Vital Statistics Act, a fine of not more than \$10,000 or imprisonment of not more than 5 years, or both, shall be imposed on any person who willfully and knowingly provides false information for the purpose of birth registration.

**35. OATH:** The information provided in the **CERTIFICATE OF LIVE BIRTH WORKSHEET** will be used to create my/our child's birth record. I, We, declare under penalty of perjury that the personal information provided are true and correct:

MOTHER'S SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

SECOND PARENT'S SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_