## DEPARTMENT OF HEALTH

## Birth Registration Information for Safe Place Newborns or Foundlings

Fill in this form with information about a foundling or safe place newborn brought to your facility. The Office of Vital Records (OVR) will use the information to determine the newborn's birth registration status. OVR will register the birth.				
A <b>safe place</b> newborn is a newborn given up by its mother or a person with the mother's consent and brought to a hospital or urgent care medical services provider, or to an ambulance service called to pick up the newborn. A <b>foundling</b> is an infant of unknown parentage. <i>Minnesota Statutes, section 145.902, and section 144.216.</i>				
1. Do NOT enter anything about this infant into MR&C.       4. Fax this form and the two worksheets to 866-416-1357; OVR will confirm         2. Complete this form.       5. Contact the Office of Vital Records Help         3. A health care provider must complete the Worksheet for creating your child's birth record and the Birth Record Medical       5. Contact the Office of Vital Records Help         Information sheet usually completed for a birth in your hospital.       Desk at 651-201-5970 if you need to         Fill in as much data as is known. Enter 'UNKNOWN' if exact facts are unknown.       follow up on your report.         Name of facility receiving infant       Name of person completing this form				
10-digit work phone number of the person completing this form		Work email of person completing this form		
How did the infant come to your facility?		Date and time infant left at, or brought to your facility		
□ Law enforcement		Date	Time	□ a.m.
County social work		Unknown date	🗆 Unknown time	□ p.m. □ 24hr
□ Transferred from		Estimated date and time of infant's birth		
		Birth date	Time of birth	□ a.m.
Name of hospital <ul> <li>Other (specify)</li> </ul>		🗆 Unknown date	🗆 Unknown time	□ p.m. □ 24hr
		How was the estimate of the infant's date and time of birth made?		
Unknown				
Does it appear that the infant has received medical attention recently? $\Box$ No $\Box$ Yes If Yes, explain:				
Do you have any information that could help OVR determine if this birth was previously registered? If so, please enter that information or the State File Number.				
Fill in the fields to the right if you know which social service agency will assume legal responsibility for the infant.	Social Service Agency Name			
	Social Service Agency Contact Name			
	Social Service Agency Contact Phone Number			
	Social Service Agency Contact Email Address			

To obtain this information in a different format, call 651-201-5970.