

The information you provide on this form assists the Office of Vital Records (OVR) in determining the birth registration status of a foundling or safe place newborn brought to your facility; OVR will register the birth.

A **safe place** newborn is a newborn given up by a mother, or a person with the mother's permission, and brought to a hospital or urgent care medical services provider, or an ambulance service called to pick up the newborn. A **foundling** is an infant of unknown parentage. *Minnesota Statutes, section 145.902 and section 144.216.*

Instructions	<p>1. Do NOT enter anything about this infant into MR&C.</p> <p>2. Complete this form.</p> <p>3. A health care provider must complete the <i>Worksheet for creating your child's birth record and the MEDICAL 2-page Worksheet</i> usually completed for a birth in your hospital. Fill in as much data as is known. Enter 'UNKNOWN' if exact facts are unknown.</p>	<p>4. Fax this form and the two worksheets to 651-201-5740; OVR will confirm receipt.</p> <p>5. Contact the Office of Vital Records Help Desk at 651-201-5970 if you need to follow up on your report.</p>
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Name of facility receiving infant	Name of person completing this form
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Work phone number of person completing this form	Work email of person completing this form
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<p>How did the infant come to your facility?</p> <p><input type="checkbox"/> Law enforcement</p> <p><input type="checkbox"/> County social work</p> <p><input type="checkbox"/> Transferred from</p> <p>_____</p> <p style="text-align: center;">Name of hospital</p> <p><input type="checkbox"/> Other (specify)</p> <p>_____</p> <p><input type="checkbox"/> Unknown</p>	<p>Date and time infant left at, or brought to your facility</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Date</td> <td style="width: 33%;">Time</td> <td style="width: 34%;"><input type="checkbox"/> a.m.</td> </tr> <tr> <td><input type="checkbox"/> Unknown date</td> <td><input type="checkbox"/> Unknown time</td> <td><input type="checkbox"/> p.m.</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 24hr</td> </tr> </table> <table style="width: 100%;"> <tr> <td colspan="3">Estimated date and time of infant's birth</td> </tr> <tr> <td style="width: 33%;">Birth date</td> <td style="width: 33%;">Time of birth</td> <td style="width: 34%;"><input type="checkbox"/> a.m.</td> </tr> <tr> <td><input type="checkbox"/> Unknown date</td> <td><input type="checkbox"/> Unknown time</td> <td><input type="checkbox"/> p.m.</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> 24hr</td> </tr> </table> <p>How was the estimate of the infant's date and time of birth made?</p>	Date	Time	<input type="checkbox"/> a.m.	<input type="checkbox"/> Unknown date	<input type="checkbox"/> Unknown time	<input type="checkbox"/> p.m.			<input type="checkbox"/> 24hr	Estimated date and time of infant's birth			Birth date	Time of birth	<input type="checkbox"/> a.m.	<input type="checkbox"/> Unknown date	<input type="checkbox"/> Unknown time	<input type="checkbox"/> p.m.			<input type="checkbox"/> 24hr
Date	Time	<input type="checkbox"/> a.m.																				
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		<input type="checkbox"/> 24hr																				

Does it appear that the infant has received medical attention recently? No Yes – explain:

Do you have any information that could help OVR determine if this birth was previously registered? If so, please provide information or State File Number below:

If known, please provide the name of the responsible social service agency that will assume legal responsibility of the infant.	Social Service Agency Name
	Social Service Agency Contact Name
	Social Service Agency Contact Phone Number
	Social Service Agency Contact Email Address