Verification of birth certification form

This form is one of several options for certifying your child is born. You can submit any of these documents instead of this form:

- Signed hospital discharge paperwork
- A letter from a medical provider
- A birth certificate

If this form is your preferred option, submit it as part of your application for Bonding Leave to certify your child was born. You will need to ask your healthcare provider to fill out sections of this form.

Is this the right form?

- This form cannot be used to certify Medical Leave. If you are applying for Medical Leave to recover from birth, you will also need to complete the Medical Leave Certification form or Pregnancy-related Medical Leave Certification form, depending on your situation.
- If you are applying to work fewer hours than normal rather than take work off completely to bond with your child after your Medical Leave, you will need to use the Medical Certification form to certify your Medical Leave. (In this case, you would need to submit two leave applications: one for your Medical Leave and one for your Bonding Leave.)

Verification of birth certification form

This form has three sections:

1. **Applicant information**
2. **Birth information**
3. **Healthcare provider certification**

How to complete this form:

The form can be filled out digitally or printed and filled out by hand.

1. Complete the applicant information section.
2. Give this form to the healthcare provider who is treating you. For pregnancy, this is often an OB-GYN, Midwife, Nurse Practitioner, or Primary Care Physician. Page 6 lists the kinds of healthcare providers eligible to complete this form.
3. The healthcare provider will complete the leave information and healthcare provider certification sections and return the form to you.
4. There are several ways to get your form to us.
    a. If you have completed this form digitally, you can upload the completed file online at paidleave.mn.gov.
    b. If you printed the form, you can upload photos or a scan of the completed form.
    c. Your provider could fax the form to Paid Leave.
    d. If you don't have a way to upload the form online, call the Contact Center at 651-556-7777 or 844-556-0444 for directions to fax or mail your form.

1. Applicant Information

Instructions: Complete this section with the applicant's information.

1 Applicant name

Write your name as it appears on official documents like a state ID, driver's license, or W-2 form.

First | Middle (optional) | Last

2 Last 4 digits of your Social Security Number (SSN) or your Individual Taxpayer Identification Number (ITIN)

SSN or ITIN

3 Date of birth

Month / Day / Year

4 Phone number

___ ___ ___ - ___ ___ ___ ___ - ___ ___ ___ ___

5 Residential address

Note: This is optional. If you mail the form, we will use this information to match it to your application.

Address line 1 | Address line 2 (optional)

City | State | Zip code

6

By signing, I authorize the healthcare provider who completes this form to confirm with Minnesota Paid Leave that the information is correct.

Signature: _____ **Date:** Month / Day / Year

2. Birth Information

This page should be filled out by a healthcare provider.

Instructions: Complete this section with information about the child that has been born.

1 Child's name

Enter "baby girl" or "baby boy" if the child is not yet named.

First _____ Middle (optional) _____ Last _____

2 Child's date of birth

Month ____ / Day ____ / Year ____

3 Does/did the child need to stay in the hospital longer than the birthing parent?

- ○ **No**
- ○ **Yes**

  When is the expected discharge date?

  Month ____ / Day ____ / Year ____

Healthcare provider initials _____

3. Healthcare provider certification

This page should be filled out by a healthcare provider.

Instructions: Provide the relevant licensing and contact information about your practice. Sign and date to certify this leave application. After signing, return the form to the patient.

1 Provider's name

First | Middle (optional) | Last

2 Title and area of practice or medical specialty

3 Contact information

___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

Office Phone

___ ___ ___ - ___ ___ ___ - ___ ___ ___ ___

Office Fax

Office mailing address line 1

Office mailing address line 2 (optional)

City | State | Zip code

4 License or practice number

Note: The form will not be accepted unless a license number is provided.

License or practice number

State / country

By signing below, I certify the following:

- The applicant welcomed a child into their home due to birth. The applicant is a parent of the child listed on this form.
- I have answered all questions as true and complete to the best of my knowledge, experience, and belief.
- I am a healthcare provider who is licensed, certified, or otherwise authorized under law to certify the birth of this child within my scope of practice.

Signature: _____ **Date:** ___ / ___ / ___

Month / Day / Year

Definition of a serious health condition

A serious health condition is an illness, injury, impairment, condition, or substance use disorder that affects a person's physical health, mental health, or both. Visit paidleave.mn.gov to learn more about how Paid leave defines a serious health condition.

A serious health condition must involve at least one of the following:

1. **inpatient care in a hospital, hospice, or residential medical care facility, including any period of incapacity**
    a. What is inpatient care? An overnight stay in a hospital, hospice, or residential medical care facility. This includes any period of incapacity, or any follow-up treatment resulting from the inpatient care.
    b. What is incapacity? Incapacity happens when a person is unable to perform their job functions because of the serious health condition.
2. **continuing treatment or supervision by a healthcare provider**
    a. What is continuing treatment or supervision? Continuing treatment or supervision by a health care provider must include one or more of the following:
        i. seven or more days of incapacity, and any treatment or period of incapacity related to the same condition after the initial timeframe a period of incapacity due to medical care related to pregnancy
        ii. a period of incapacity or treatment for a chronic health condition
        iii. a permanent or long-term period of incapacity due to treatment that may not be effective
        iv. a period of absence to receive multiple treatments; this can include any period of recovery from the treatments. You must receive treatments from your healthcare provider, or someone who provides healthcare services that your doctor ordered or referred to to provide treatment.

Definition of a healthcare provider

A healthcare provider is an individual who is licensed, certified, or otherwise authorized under law to practice in the individual's scope of practice as a:

- physician, physician assistant, Doctor of Osteopathic Medicine (D.O.)
- nurse practitioner, advanced practice registered nurse, nurse-midwife
- licensed midwife
- dentist
- optometrist
- chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist)
- podiatrist
- surgeon
- advanced practice registered nurse
- clinical psychologist, clinical social worker
- an alcohol and drug counselor as defined by the State of Minnesota
- a mental health professional as defined by the State of Minnesota

Any healthcare provider from whom an employer or the employer's group health plan's benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits.

A healthcare provider listed above who practices in a country other than the United States, who is authorized to practice in accordance with the law of that country, and who is performing within the scope of his or her practice as defined under such law.

Christian Science Practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts.

Any other individual determined by the commissioner by rule, in accordance with the rule-making procedures in the Administrative Procedure Act, to be capable of providing healthcare services.

651-556-7777 or 844-556-0444

Attention: If you need free help interpreting this document, call the above number.

ያስተውሉ፡ ካለምንም ክፍያ ይህንን ዶኩመንት የሚተረጉምሎ አስተርጓሚ ከፈለጉ ከላይ ወደተጻፈው የስልክ ቁጥር ይደውሉ።

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

သတိ။ ဤစာရွက်စာတမ်းအားအခမဲ့ဘာသာပြန်ပေးခြင်း အကူအညီလိုအပ်ပါက၊ အထက်ပါဖုန်းနံပါတ်ကိုခေါ်ဆိုပါ။

請注意，如果您需要免費協助傳譯這份文件，請撥打上面的電話號碼。

Attention. Si vous avez besoin d’une aide gratuite pour interpréter le présent document, veuillez appeler au numéro ci-dessus.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

알려드립니다. 이 문서에 대한 이해를 돕기 위해 무료로 제공되는 도움을 받으시려면 위의전화번호로연락하십시오.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ ງໂທຣໄປທີ່ ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la’aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

ADA Advisory

For accessible formats of this publication and additional equal access to services, write to DEED.ODEO@state.mn.us, call 651-259-7094, or use your preferred relay service. (ADA1 [9-15])