The purpose of this form is to assist the Minnesota Department of Health (MDH) in determining the registration status of a newborn infant left at a hospital under the “Safe Place for Newborns” legislation, Minnesota Statutes, section 145.902.

Please provide the following information:

| 1- How did the child come to your hospital? | Law enforcement ___  County Social Work ___  
| Transfer from another hospital ___  
| Name of Hospital _______________________________  
| Unknown ____  Other (please specify): |
| 2- Date and time the child was left at your hospital | Date:  
| Time:  
| 3- Estimated date and time of child’s birth: | Date:  
| Time:  
| 4- How was the child’s date of birth and time of birth estimate made? |  
| 5- Does it appear that the child has received previous medical attention? | No ___  Yes ___ (if yes, please specify):  
| 6- Do you have any information that would help to determine if a birth record was previously filed for this child? |  
| 7- If known, please provide a contact name and number where MDH may obtain additional information about the child’s custody. | Agency name: _______________________________  
| Contact name: _______________________________  
| Contact phone number: _______________________________  

Please complete a Documentation of Birth worksheet about the child; do not file a birth record in MR&C. If you do not have factual information about an item, enter “unknown” for that item. Mail the completed form and worksheet to the Minnesota Department of Health, Office of Vital Records, P.O. Box 64499, St. Paul, MN  55164-00499, or fax to 651-201-5750.

If you have questions, please call the OVR Help Desk at 651-201-5970.