

# REQUEST FOR APPROVAL OF HOME BIRTH DOCUMENTATION

Fax to ODH/VS at: (614) 564-2514

or

Email: [vs.registration@odh.ohio.gov](mailto:vs.registration@odh.ohio.gov)

Please fax **all** documentation along with marked checklist for approval after putting birth into IPHIS and placing it in **COMPLETE** status. ODH/VS will fax or email a response of approval or denial to the Local Registrar and will place birth in **REGISTERED** status if approved.

County \_\_\_\_\_

Registrar \_\_\_\_\_

Registrar's Fax # Or Email \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Denied By: \_\_\_\_\_ Date: \_\_\_\_\_

**Comments:**

# Checklist for Registration of an Out of Institution Birth

Please utilize the following checklist to document evidence for all births occurring outside of an institution. Evidence from section 1, section 2, and either section 3 or 4 must be presented to completely fulfill the requirements of Rule 3701-5-16.

## Section 1: Evidence of Pregnancy

Please select one (1) that applies and attach supporting documentation to this list:

- A prenatal record or postnatal medical record consistent with the date of delivery, **OR**
- A statement from a physician or other health care provider (e.g., a registered nurse, nurse practitioner, public health nurse, licensed midwife, or EMS employee) qualified to determine pregnancy. Statement shall include mother's name, mother's date of birth, date of health exam, provider's signature, provider's printed name, signature date, and license number, **OR**
- A home visit exam by a public health nurse or other health care provider, **OR**
- \_\_\_\_\_ other evidence as accepted by the State Registrar  
(Please see listing on page 4 or use form on page 5) \*

## Section 2: Evidence that the infant was born alive.

Please select one (1) that applies and attach supporting documentation to this list:

- A statement from the physician or other health care provider who saw or examined the infant, **OR**
- An observation of the infant during a home visit by a public health nurse or health care provider, **OR**
- \_\_\_\_\_ other evidence as accepted by the State Registrar  
(Please see listing on page 4 or use form on page 5) \*

## Section 3: Evidence of the mother's presence in Ohio and proof of residence.

If the birth occurred outside of the mother's place of residence, please skip Section 3 and provide documentation for Section 4. Please select one (1) that applies and attach supporting documentation to this list:

- A valid driver's license, or a state issued identification card, which includes the mother's current residence on the face of the license or card, **OR**
- A recent rent receipt of any type of utility, telephone or other bill that includes the mother's name and address, **OR**
- A social service record at the time of the child's birth if the mother was receiving public assistance (e.g. WIC, food stamps, child support record), **OR**
- A recent bank statement that includes the mother's name and address, **OR**
- \_\_\_\_\_ other evidence as accepted by the State Registrar.  
(Please see listing on page 4) \*

**Section 4: Evidence that the birth occurred outside of the mother's place of residence and proof of residence.** *If Section 3 has been completed, skip this section.*

Please complete Part A, select one option from Part B, and attach supporting documentation to this request:

- (A)** An affidavit from the property owner of the premises where the birth occurred that the mother was present on those premises at the time of the birth (See page 6 for affidavit form)

**AND**

- (B)** A valid driver's license, or a state issued identification card, which includes the affiant's current residence on the face of the license or card, **OR**
- A rent receipt of any type of utility, telephone or other bill that includes the affiant's name and address, **OR**
- A social service record at the time of the child's birth if the affiant was receiving public assistance (e.g. WIC, food stamps, child support record), **OR**
- A bank statement that includes the affiant's name and address, **OR**
- \_\_\_\_\_ other evidence as accepted by the state registrar,

***Please Note: At the discretion of the State Registrar, additional evidence may be required to verify the facts of birth. If the required evidence is not available and the Local Registrar is not able to verify the facts of birth, the out of institution birth may be registered only by a court of competent jurisdiction.***

## EXAMPLES OF ACCEPTABLE DOCUMENTATION

The following list is provided as examples only and does not constitute a comprehensive list of all acceptable or non-acceptable forms of documentation. As Vital Statistics identifies more illustrative examples, we will update this list. Please black out any sensitive information (e.g. SSN, account number, etc.) before faxing the information to VS.

### Section One – Proof of Pregnancy:

Acceptable:

- Statement by a physician, licensed nurse, chiropractor, dentist or other licensed health care professional who has firsthand knowledge of this pregnancy and is willing to attest to that fact even if did not provide direct treatment and who is not an immediate family member.
- Statement by a Certified Professional Midwife (CPM) who submits a copy of current and valid certificate from the North American Registry of Midwives (NARM) that establishes their credentials as a CPM. Please make sure to check 'Other' (last option) in the checklist.

- Statement by a midwife who submits a copy of their "Certificate of Authorization" with the signature of the State Registrar. (see page 5 for "pregnancy verification" form)

Non-acceptable:

- Statement by the husband or the mother even if licensed health care professional.
- Statement from any other person that does not fall within the licensed health care professional category, the CPM, or the authorized midwife.

### Section Two – Proof of Live Birth

Acceptable:

- Statement by a physician, licensed nurse, chiropractor, dentist or other licensed health care professional who has firsthand knowledge of the live birth and is willing to attest to that fact even if did not provide direct treatment and who is not an immediate family member.
- Statement by a Certified Professional Midwife (CPM) who submits a copy of current and valid certificate from the North American Registry of Midwives (NARM) that establishes their credentials as a CPM. Please make sure to check 'Other' (last option) in the checklist.

- Statement by a midwife who submits a copy of their "Certificate of Authorization" with the signature of the State Registrar. (see page 5 for "infant verification" form)
- PKU test results

Non-acceptable:

- Statement by the husband or the mother even if licensed health care professional.
- Statement from any other person that does not fall within the licensed health care professional category, the CPM, or the authorized midwife.

### Sections Three and Four – Proof of residence

Acceptable

- Recent tax return
- Deed
- Current proof of insurance
- Motor vehicle registration
- W-2
- Pay stub
- State issued ID
- Photo-less ID from BMV

- Bishops letter from community
- Hunting license with signature and date
- SSN card of the child, if includes stub with current address

Non-acceptable:

- Paternity affidavit
- Voided check

## **PREGNANCY Verification for Out-of-Institution Births**

*(This can be used for the Section 1 documentation requirement)*

I, \_\_\_\_\_, verify that \_\_\_\_\_  
(PRINT: Health Care Provider's Name) (PRINT: Woman's Name)

(born \_\_\_\_\_), whom I saw on \_\_\_\_\_ is pregnant.  
(Woman's Date of Birth) (PRINT: Visit Date)

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Provider's License Number

## **INFANT Verification for Out-of-Institution Births**

*(This can be used for the Section 2 documentation requirement)*

I, \_\_\_\_\_, verify that \_\_\_\_\_  
(PRINT: Health Care Provider's Name) (PRINT: Infant's Name)

was born alive on \_\_\_\_\_ to \_\_\_\_\_.  
(Infant's Date of Birth) (PRINT: Mother's Name)

\_\_\_\_\_  
Health Care Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Care Provider's License Number

# AFFIDAVIT

**COMPLETE ONLY IF DOING SECTION 4 - Evidence that the birth occurred outside of the mother's residence and proof of residence**

## **BIRTH LOCATION Verification for Out-of-Institution Births**

I, \_\_\_\_\_, verify that \_\_\_\_\_  
(PRINT: Property Owner's Name) (PRINT: Mother's Name)

Gave birth on \_\_\_\_\_ at \_\_\_\_\_,  
(Infant's Date of Birth) (Print: Street Address)

\_\_\_\_\_  
(Print: City, State, ZIP Code)

Property Owner's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Property Owner's Phone Number: \_\_\_\_\_

Before me appeared, the above-named person and signed this statement by affirmation, on this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

Signature of Notary: \_\_\_\_\_ Seal:

My Commission Expires: \_\_\_\_\_