



Out of Hospital Birth – Submission Form

Midwife Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Location of Birth

Home Birth: \_\_\_\_\_

Birthing Center: \_\_\_\_\_

Was the newborn screen information?

Yes Test Location: \_\_\_\_\_ Test Date: \_\_\_\_\_

No Why not complete? \_\_\_\_\_ Refusal Date: \_\_\_\_\_

Unknown NBS Form # \_\_\_\_\_

Newborn Primary Care Physician (PCP): \_\_\_\_\_

Marital Status:

Voluntary Declaration of Paternity (VDOP) Completed?

Yes  No

Enclosed documents:

Out of Hospital Worksheet

Proof of Pregnancy

Copy VDOP

Newborn Screening Receipt

Supplemental Questionnaire -----  Refused

Parent Contact Information:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Certification Statement

I certify that all the information I provided is true and correct to the best of my knowledge.

Signature of Midwife: \_\_\_\_\_

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