



## 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 7 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. To submit your completed form:
  - a. Upload the form and submit it with your City of Duluth - Minnesota Paid Leave online application (<https://forms.duluthmn.gov/Forms/MNPL>).
  - b. If the form was completed digitally, upload the file directly.
  - c. If the form was printed, upload a photo or scan of the completed pages.
  - d. If you cannot upload your form, call Human Resources at 218-730-5210.



Section 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

[Empty box for 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 City of Duluth Human Resources that the information is correct.

Signature: Date: Month Day Year

**Section 2) Birth Information****Must 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: \_\_\_\_\_



Section 3) Healthcare provider certification

Must 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.

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.

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.