

BIRTHREPORT

NR8

WARNING;-In terms of Section 43 of the ACT, any person, who furnishes false information or forges any document for the purpose of obtaining registration of Birth of a person shall be guilty of committing an offence.

Part 1 DETAILS OF CHILD	1	Surname First name Other names		
	2	Date of Birth DD MM YYYY		3 Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
	4	Place of birth (Tick the appropriate option): a) Hospital Name b) Home Address District TA Village c) Others Give details		
	5	Birth weight (in Kilogrammes) - . - - -		
	6	Type of Birth: a) Single b) Twin c) Triplet d) Other (specify) : (Tick the appropriate option and for Twins write 1 st of 2, 2 nd of 2, 1 st of 3 etc.)		
	7	Are the parents of the Child Married to each other? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If yes, date of marriage DD MM YYYY		
	PART 2 DETAILS OF MOTHER	1	Maiden surname First name Other name	
3		Date of birth DD MM YYYY		4 Nationality
5		Physical residential address District TA Village		
6		Home address District TA Village		
7		Gestational Age at birth In weeks		
8		Number of prenatal visits	9	Month of pregnancy prenatal care begun
10		Mode of delivery: a) SVD b) Vacuum Extraction c) Breech d) Forceps d)Caesarean Section		
11		Number of children born alive to the mother, including this child		
12		Number of children born alive to the mother, and still living		
13		Level of education: a) none b) Primary c)Secondary d) higher education (Enter completed level of education)		
PART 3 DETAILS OF FATHER (if known)	1	Surname First name Other name		2 ID No.
	3	Date of birth DD MM YYYY		4 Nationality
	5	Physical residential address District TA Village		
	6	Home address District TA Village		

PART 4 ACKNOWLEDG - MENT OF PATERNITY: A CHILD BORN OUT OF WEDLOCK		Court Order attached YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> OR I hereby declare that I am the natural Mother's permission to the acknowledgement father of the above child of Paternity <table><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td>Initials & Surname</td><td>Signature</td><td>Initials & Surname</td><td>Signature</td></tr></table> I D No. I D NO. Date Date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Initials & Surname	Signature	Initials & Surname	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
Initials & Surname	Signature	Initials & Surname	Signature							
PART 5 INFORMANTS DETAILS	1	Surname First name Other name	2	ID No.						
	3	Relationship to child								
	4	Address District TA Village/Location Postal address Telephone Number								
	5	<i>I certify that the above information is correct and I am aware that I could face criminal prosecution if this information is incorrect material respect.</i> Date Signature/Thumb mark of Informant								

Verification by Village Headman and a Senior Member of the Village

We, Village Headman..... and Senior Member, of the Village
.....T/A,District hereby certify that the information given above in
relation to the Informant and the Child in question is correct to the best of my knowledge and belief.

Signed: or Thumb print:Date:

Village Headman

Signed: or Thumb print:Date:

Senior Member of the Village

Verification by a Religious Institution

ICleric of (Institution) hereby certify that the information given
above in relation to the Informant and the child in question is correct to the best of my knowledge and belief.

Signed: Date:

Name: Title: Specify Religious Body:

FOR OFFICIAL USE ONLY

Recommendation by the District Registrar

I hereby state that I have checked this application and certify that the same has been duly completed in accordance
with the National Registration Act and the Regulations thereof to the best of my knowledge and information.

Signature with Stamp

Date of Registration: Day.....Month.....20.....

Birth Register entry number.....

ACKNOWLEDGMENT OF RECEIPT

Acknowledge the receipt of Birth Report of:

-----, on -----

Surname First name Other names Date

as reported by -----

Signature ----- Date ----- Official stamp