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Registration Number:  
Numéro d'enregistrement :

Certificate number:  
Numéro du certificat :

Date issued:  
Date de délivrance :

File number:  
Numéro de dossier :

2008 053151

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Office of the  
Registrar  
General

P.O. Box 4600  
189 Red River Road  
Thunder Bay-ON P7B6L8

# Statement of Live Birth Form 2 Vital Statistics Act 1990

This is a permanent legal record.  
Type or print plainly in blue or black ink and complete all items.  
Please read all instructions before completing this form.

Office use only

## SECTION A - CHILD'S INFORMATION (see instruction #2)

Surname (Last Name) <b>NURBANI</b>		Sex of Child <b>MALE</b>
First Name <b>WIRA SAPUTRA</b>	Middle Name(s)	
Birth Date Year: <b>2008</b> Month: <b>01</b> Day: <b>19</b>	Name of hospital (if not hospital give exact location where birth occurred) <b>SCARBOROUGH GRACE</b>	
Place of Birth (City, town, village, township - by name) <b>(SCARBOROUGH) Toronto</b>	(Regional municipality, county or district) <b>ONTARIO</b>	

SECTION B - MOTHER'S INFORMATION  
(see instruction #3)

Current Legal Surname (Last Name) <b>LARASATI</b>
Legal Surname at Birth (Maiden Name) (see instruction #3b) <b>LARASATI</b>
First and Middle Names <b>NUR RAHMAH AYU</b>
Any Other Legal Surnames <b>ISKANDAR</b>
Birthplace (City/town/village) <b>JAKARTA</b>
Birthplace (Province/country) <b>INDONESIA</b>
Birth Date Year: <b>1986</b> Month: <b>07</b> Day: <b>01</b> Age: <b>21</b>
Mother's Occupation <b>STUDENT</b>

SECTION C - FATHER'S/OTHER PARENT'S INFORMATION  
(see instruction #4)

Current Legal Surname (Last Name) <b>NURBANI</b>
First and Middle Names <b>BLIDI AKBAR</b>
Legal Surname at Birth (see instruction #4d) <b>NURBANI</b>
Any Other Legal Surnames
Birthplace (City/town/village) <b>JAKARTA</b>
Birthplace (Province/country) <b>INDONESIA</b>
Birth Date Year: <b>1984</b> Month: <b>06</b> Day: <b>22</b> Age: <b>23</b>

## SECTION D - BIRTH INFORMATION

Mother's Residence - Complete street address (City, town, village, township - if rural give Post Office or Rural Route address) <b>67 LYNVALEY CRESCENT, SCARBOROUGH, ON</b>	Postal Code <b>M1R 2V1</b>
Mother's Mailing Address if different from above - Complete street address (if rural give Post Office or Rural Route address)	Postal Code
Duration of pregnancy (in weeks) <b>38</b>	Total number of children ever born to this mother including this birth <b>1</b>
	Of this Total, Number born live <b>1</b>
	Of this Total, Number stillborn <b>-</b>
	Weight of child at birth Grams <b>6 lb. 15 oz.</b>
	Kind of Birth <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> Other
Name of Attendant at birth <b>LISA WISHNIEWSKY</b>	<input type="checkbox"/> Physician <input checked="" type="checkbox"/> Midwife <input type="checkbox"/> Other, specify:

## SECTION E - BEFORE SIGNING PLEASE READ INSTRUCTIONS Certification of Informant (see instruction #2)

Before completing this section (see instruction 2c). If you are choosing a surname that is not one of the parent's surnames or combination of those names, but is in accordance with the child's cultural, ethnic, or religious heritage, check one of the following boxes.

☐ Cultural Heritage ☐ Religious Heritage ☐ Ethnic Heritage

I (We) certify the statements made on this form are true and correct. I am (We are) aware that it is an offence to wilfully make a false statement on this form.	Signature of Mother <b>X [Signature]</b>	Year Month Day <b>2008 02 11</b>
I (We) have agreed that the child's surname will be as shown in section A.	Signature of Father/Other Parent <b>X [Signature]</b>	Year Month Day <b>2008 02 11</b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Signature of Informant (see instruction 2f) <b>X [Signature]</b>	Year Month Day

## SECTION F - DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY - Certification of Division Registrar

I am satisfied as to the correctness and sufficiency of these statements on this form and register the birth by signing this statement.	Registration Number <b>6773</b>
Signature of Division Registrar <b>X [Signature]</b>	Year Month Day <b>2008 02 28</b>
Division Registrar <b>TORONTO</b>	Code Number <b>2006</b>
For office use only <b>Section A - cert. Recd.</b>	