

Registration No.	[REDACTED]
Amendment No.	Pre-Registration No.

Please PRINT clearly in black ink only.

This is a legal document

Registration of Birth

1. CHILD'S Last Name (restrictions apply - see Information Guide) [REDACTED]		2. CHILD'S Full Given Name(s) (first and all middle names) [REDACTED]	
3. Sex of Child [REDACTED]	4. Date of Child's Birth [REDACTED]	5. Time of Child's Birth (use 12 hour clock) Hour: [REDACTED] Minutes: [REDACTED]	
6. Place of Child's Birth a) In Hospital <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		b) Name of Hospital (if not in hospital, give exact location) [REDACTED] Alberta	
7. Kind of Birth <input checked="" type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> Other		8. If this was a multiple birth, state if this child was born: <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	9. Birth Weight (in grams) [REDACTED]
10. Duration of Pregnancy (completed weeks) [REDACTED]		Children born to this Mother (include this birth) 11. Number of Live Births [REDACTED] 12. Number of Stillbirths (excluding miscarriages) [REDACTED]	
13. (a) Type of Birth Attendant <input checked="" type="checkbox"/> Physician <input type="checkbox"/> Midwife <input type="checkbox"/> Other: (specify)		(b) Name of Birth Attendant [REDACTED]	
14. Mother's Usual Home Address at the time of this child's birth (if rural, give exact location e.g. Township, Section, Meridian) Street/Apt. No. [REDACTED] City/Town/Village [REDACTED] Province/State [REDACTED] Country [REDACTED] Postal/Zip Code [REDACTED] Area Code [REDACTED]			
15. Complete Mailing Address (if different than No. 14) Street Address/Apt. No./PO Box No./RR No. [REDACTED] City/Town/Village [REDACTED] Province/State/Country [REDACTED] Postal/Zip Code [REDACTED]			
16. Mother's Marital Status - DEFINITIONS: (read carefully before checking one of the boxes below) For the purpose of registering this birth, a married woman is a woman who was legally married at any time between the conception and birth of this child. Common-law is not considered legally married. If the mother is separated, she is still legally married. Check ONE only: 1. <input checked="" type="checkbox"/> Legally married and husband is the natural father of this child - check this box, then go to No. 17 below. 2. <input type="checkbox"/> Legally married and husband is not the natural father of this child - check this box, then go to the attached "Statutory Declaration" and read the instructions. Return to complete the parent(s) information below. 3. <input type="checkbox"/> Not legally married (Includes: Never Married, Widowed or Divorced) - check this box, then go to No. 17 below, if applicable.			

Father of This Child

17. Legal LAST Name of Father (of this child) See the definition on the first page of the Information Guide. [REDACTED]
18. All Legal GIVEN Name(s) of Father (of this child) (as shown on birth certificate) [REDACTED]
19. Date of Birth of Father (of this child) month by name day year [REDACTED]
20. Present Age of Father (of this child) [REDACTED]
21. Place of Birth of Father (of this child) City/Town/Village Province/Country [REDACTED]
22. I acknowledge that I am the natural father and jointly request, with the mother, that the name of this child be registered as shown above in Numbers 1 and 2. Signature of the Father (of this child) X [REDACTED]

Mother Who Gave Birth to This Child

23. MAIDEN LAST Name of Mother (of this child) This is your last name before you were married. See the definition on the first page of the Information Guide. [REDACTED]
24. All Legal GIVEN Names of Mother (of this child) (as shown on birth certificate) [REDACTED]
25. Date of Birth of Mother (of this child) month by name day year [REDACTED]
26. Present Age of Mother (of this child) [REDACTED]
27. Place of Birth of Mother (of this child) City/Town/Village Province/Country [REDACTED]
28. THIS BOX MUST BE COMPLETED. PRINT the LAST name that you are currently using. [REDACTED]
29. I certify the above is correct and request, jointly with the father listed (if applicable), that the name of this child be registered as shown above in Numbers 1 and 2. Signature of the Mother (of this child) Date Signed X [REDACTED] mm / dd / yyyy

30. Informant (only required when the mother is incapable of completing this form). I certify the above is correct to the best of my knowledge.

X

Signature of Informant

Relationship to Child

FOR HOSPITAL REGISTRAR USE ONLY

31. Hospital Certification I certify this registration was accepted by me at [REDACTED] 7007 - 14 STREET SW Name of Hospital CALGARY, ALBERTA T2V 1P9 City/Town/Village Alberta, on [REDACTED] Date (month by name, day, year) Hospital Registrar Signature of Hospital Registrar	
32. Hospital Notes	33. Vital Statistics Notes