

Registration No. _____
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)		2. CHILD'S Full Given Name(s) (first and all middle names)	
3. Sex of Child <input checked="" type="checkbox"/> Male <input checked="" type="checkbox"/> Female	4. Date of Child's Birth mo _____ day _____ year _____	5. Time of Child's Birth (use 12 hour clock) Hour : _____ Minutes ( )	
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)	
		c) City/Town/Village (if rural, give nearest city/town/village)	
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 <input type="checkbox"/> _____	9. Birth Weight (in grams)	10. Duration of Pregnancy (completed weeks)
		Children born to this Mother (include this birth)	
		11. Number of Live Births	
		12. Number of Stillbirths (excluding miscarriages)	
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 _____	
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. _____ City/Town/Village _____ Province/State _____ Country _____ Postal/Zip Code _____ Area Code _____		Telephone No. (daytime) _____	
15. Complete Mailing Address (if different than No. 14) Street Address/Apt. No./PO Box No./RR No. _____ City/Town/Village _____ Province/State/Country _____ Postal/Zip Code _____			
16. Mother's Marital Status - DEFINITIONS: (read carefully before checking <u>one</u> 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 <u>ONE</u> only: 1. <input checked="" type="checkbox"/> Legally married and <u>husband is</u> the natural father of this child - check this box, then go to No. 17 below. 2. <input type="checkbox"/> Legally married and <u>husband is not</u> 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.
18. All Legal GIVEN Name(s) of Father (of this child) (as shown on birth certificate)
19. Date of Birth of Father (of this child) month by name _____ day _____ year _____
20. Present Age of Father (of this child)
21. Place of Birth of Father (of this child) City/Town/Village _____ Province/Country _____
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 _____

**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.
24. All Legal GIVEN Names of Mother (of this child) (as shown on birth certificate)
25. Date of Birth of Mother (of this child) month by name _____ day _____ year _____
26. Present Age of Mother (of this child)
27. Place of Birth of Mother (of this child) City/Town/Village _____ Province/Country _____
28. PRINT the LAST name that you are currently using.
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 _____ 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 _____ City/Town/Village _____ Alberta, on _____ Date (month by name, day, year) _____ Signature of Hospital Registrar _____	
32. Hospital Notes	33. Vital Statistics Notes