

REGISTRATION OF LIVE BIRTH

This is the permanent record of your child's birth and legal name.

PLEASE PRINT

DOCUMENT CONTROL NUMBER

REGISTRATION NUMBER (Office use only)

CHILD'S INFORMATION

FIRST NAME		MIDDLE NAME(S)		SURNAME		SEX OF CHILD	
Name:							
MONTH <small>(First 3 letters)</small>		DAY	YEAR	KIND OF BIRTH		BIRTH ORDER, IF TWIN, STATE WHETHER THIS CHILD WAS BORN	
Date of Birth:		<input type="checkbox"/> Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/> 4+		<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4+			
24 HOUR CLOCK		HOSPITAL BIRTH?		NAME OF HOSPITAL			
Time of Birth:		hh : mm		<input type="checkbox"/> Yes <input type="checkbox"/> No			
CITY, TOWN OR OTHER PLACE (BY NAME)							
Place of Birth in BC:							
If birth did not occur in hospital give exact location where birth occurred							POSTAL CODE
Children ever born to this mother (including this birth)		Are parents married to each other?		If the parents are not married to each other state whether mother is:			
Number of liveborn _____ Number of Stillborn _____ <small>(after 20 weeks of pregnancy)</small>		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Never married <input type="checkbox"/> Married <input type="checkbox"/> Widowed			
Full name of attending physician (or midwife)		GIVEN NAME(S)		SURNAME OF PHYSICIAN			
Attending Physician:							

MOTHER'S INFORMATION

FIRST NAME		MIDDLE NAME(S)		MAIDEN SURNAME (SURNAME BEFORE MARRIAGE)			
Name:							
MONTH <small>(First 3 letters)</small>		DAY	YEAR	CITY OF BIRTH		PROVINCE/STATE OF BIRTH	COUNTRY OF BIRTH
Date of Birth:		CITY OF BIRTH		PROVINCE/STATE OF BIRTH		COUNTRY OF BIRTH	
AGE AT TIME OF THIS BIRTH	BC RESIDENT?	PERSONAL HEALTH NUMBER (CARECARD NUMBER)		ABORIGINAL?	DO YOU LIVE ON RESERVE?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
USUAL RESIDENCE	STREET	CITY	PROVINCE/STATE	COUNTRY	POSTAL CODE	PHONE NUMBER	
COMPLETE MAILING ADDRESS (If different than above give Post Office or Rural Route address) City, Province/State, Country, Postal Code							PHONE NUMBER
I certify that the foregoing is true and correct to the best of my knowledge and belief.							MONTH <small>(First 3 letters)</small>
X _____ <i>Signature of Mother</i>							DAY
							YEAR
							<i>Date Signed</i>

FATHER'S INFORMATION

FIRST NAME		MIDDLE NAME(S)		SURNAME			
Name:							
MONTH <small>(First 3 letters)</small>		DAY	YEAR	CITY OF BIRTH		PROVINCE/STATE OF BIRTH	COUNTRY OF BIRTH
Date of Birth:		CITY OF BIRTH		PROVINCE/STATE OF BIRTH		COUNTRY OF BIRTH	
AGE AT TIME OF THIS BIRTH	BC RESIDENT?	PERSONAL HEALTH NUMBER (CARECARD NUMBER)		ABORIGINAL?	DO YOU LIVE ON RESERVE?		
	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
I certify that the foregoing is true and correct to the best of my knowledge and belief.							MONTH <small>(First 3 letters)</small>
X _____ <i>Signature of Father</i>							DAY
							YEAR
							<i>Date Signed</i>

STATEMENT

(IF BOTH PARENTS HAVE SIGNED THE ABOVE FORM, LEAVE THIS SECTION BLANK)

I _____ do solemnly declare that I am the mother, father, no relation of _____.

Adult's name *Child's name*

The mother, father, parent is /are unable to complete and sign the registration because:

1. The father is unknown by the mother
2. The father is unacknowledged by the mother.
3. The father is incapable
4. The mother is incapable
5. Both parents are incapable

Reasons not capable: _____

Signature of Mother/Declarant