

NEW BABY REGISTRATION FORM

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| <input type="checkbox"/> MALE | SURNAME |
| <input type="checkbox"/> FEMALE | FIRST NAMES |
| DATE OF BIRTH | NHS NUMBER |
| ETHNICITY | WHAT WILL BE THEIR MAIN SPOKEN LANGUAGE |
| TOWN AND COUNTRY OF BIRTH | HOME ADDRESS |
| | POST CODE |
| SIGNATURE OF GUARDIAN COMPLETING THIS FORM | NAME OF GUARDIAN |
| | RELATIONSHIP TO BABY |
| DATE | CONTACT NUMBER |