

# ADDINGTON ROAD SURGERY

## APPLICATION FOR A NEW BABY TO REGISTER AT PRACTICE

Child's Full Name: .....

Date of Birth: .....

Sex: .....

NHS No: .....

(To be given by the Hospital Maternity Services)

**N.B. We cannot register a new baby without an NHS number.**

Address: .....

.....

.....

Post Code: .....

Telephone No: ..... Mobile No: .....

Ethnicity: .....

Place of Birth: .....

Next of Kin: .....

Signature: ..... Date: .....

Relationship: .....