

Hospital Birth Certificate Form

Child Information

Full Name of Child

Date of Birth

Time of Birth

Sex

Birth Weight (kg)

Birth Length (cm)

Place of Birth (Hospital Name)

Registration No.

Parent(s) Information

Mother's Full Name

Mother's Date of Birth

Mother's Nationality

Father's Full Name

Father's Date of Birth

Father's Nationality

Address

Medical Attendant Details

Name of Attendant

Position/Title

Signature

Date

Official Use Only

Comments / Notes