Form CRB-2 Official Stamp Form Number: BIRTH AND DEATH REGISTRATION ACT NOTICE OF LIVE BIRTH / STILL BIRTH IN HEALTH / NOT IN HEALTH INSTITUTION Registration Office: Record Number Registration No Surname Declarant Forename District City/Town/Village Date of Notice : _ Relation to Child: Declarant Physical Address: Postal Address: PARTICULARS OF BIRTH 1.1 Name of Child: Other Name(s) 1.2 Sex : 1.3 Date of Birth: 1.4 Born Alive Still Born d d m m y y y y 1.5 Result of Delivery : Single Multiple 1.6 Place of Birth: District City/Town/Village a) Health Facility Name of Health Facility b) Home c) Other (Specify) 1.7 Weight of child Grams 1.8 Did child look normal after birth? 1.9 Ges. Period Weeks Yes No 1.10 Did mother have difficulty giving birth? 1.11 Was mother ill at time of delivery? No PARTICULARS OF MOTHER 2.1 Nationality 2.2 ID Number Surname 2.4 Age of Mother 2.5 Marital Status: a) Married b) Divorced c) Single d) Widowed 2.6 Usual Residence: City/Town/Village Ward/Street 2.7 Level of education : a) Primary b) Secondary c) Post Secondary d) Higher e) None 2.8 Occupation 2.9 Number of children born alive 2.10 Number of children still alive Form CRB-2 Acknowledgement Form Number : Relation to Child: Name of Mother/ Declarant : Date: Place of Registration: Amount (in Pula) : Date of Payment : Name of District Officer: Signature : Signature :___ Date of Collection :___

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3.1 Nationality		3.2 ID Number		
3.3 Surnam		many of the second	Fo	rename
		Other Name(s)		
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3.4 Age of Father 3.5 Mar	ital Status: a) Married	b) Divorced	c) Single	d) Widowed
3.6 Usual Residence: City/Town/Village			Ward/Street	
3.7 Level of education : a) Primary	b) Secondary	c) Post Secondary	d) Higher	e) None
3.8 Occupation				
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