Printable Birth Verification Form

Newborn Information

- **Name of Child:** _____
- **Date of Birth:** _____
- **Birth Certificate Number:** _____
- **Parent/Guardian Name:** _____
- **Address:** _____
- **Phone Number:** _____

Birth Details

Birth Detail	Information Provided
Birth Weight	
Birth Length	
Delivery Type	
Hospital Name	
Doctor's Name	
Time of Birth	
Birth Certificate Issued	☐ Yes ☐ No

Parent/Guardian Declaration

I, _____, certify that the information provided is correct and that I am the legal guardian of the child.

Signature: _____

Date: _____