

CONFIDENTIAL



REPUBLIC OF GUYANA

BIRTH REGISTRATION REPORT FORM (FORM A)

REGISTRY CODE				

SERIAL NUMBER IN REGISTER				

A. PARTICULARS OF CHILD

1 a.	FIRST NAME																												
b.	MIDDLE NAME																												
c.	SURNAME																												
2	SEX	<input type="checkbox"/> Male <input type="checkbox"/> Female																											
3	DATE OF BIRTH											NID No.																	
4	TYPE OF BIRTH	(For children 15 years and above)																											
5	PLACE OF DELIVERY	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Mat Home <input type="checkbox"/> House																											
	OTHER (Specify)	<input type="checkbox"/>																											
6	ATTENDANT AT BIRTH	<input type="checkbox"/> Doctor <input type="checkbox"/> Registered Midwife <input type="checkbox"/> TBA																											
	OTHER (Specify)	<input type="checkbox"/>																											
7	DETAILED ADDRESS OF PLACE OF DELIVERY																												
a.	Name of Hospital / Clinic / Maternity Home																												
b.	House Number																												
c.	Street Name																												
d.	Town																												
e.	District																												
f.	Region																												

B. PARTICULARS OF MOTHER

8 a.	FIRST NAME																												
b.	MIDDLE NAME																												
c.	SURNAME (MAIDEN NAME)																												
d.	AGE (In completed years)											NID No.																	
9	NATIONAL OF																												

10	PLACE AND ADDRESS OF USUAL RESIDENCE																												
a.	House No.																												
b.	Street Name																												
c.	Town/Village																												
d.	District																												

