Annex 15: Template for birth record form

Department of National Registration
Male', Republic of Maldives

Birth Record Form

Birth Record Serial Number

Current Birth Information

Birth Type/

☐ Live Birth ☐ Still Birth ☐ Spontaneous Abortion ☐ Induced Abortion

Mode of Delivery /

☐ Spontaneous Vaginal ☐ Assisted Vaginal(non-instrumental) ☐ Vaginal Forceps extraction ☐ Vaginal Vacuum extraction ☐ Elective Caesarian ☐ EmergencyCaesarian

Birth Date _____ Birth Time _____ Hijri / C.E.

Gestational Age _____

Birth Waight (in Grams) _____

Number delivered _____ Sex of Child _____

Country of Birth _____

Place of Birth _____

Atoll and Island of Birth _____

Birth Attendant's Bio-information

☐ ID Produced ☐ ID not Produced ☐ NIC NO. ☐ Work permit ☐ Passport ☐ ID No. _____

Name _____

Official address _____

Nationality _____

Designation _____

☐ Midwifery Training ☐ No Midwifery Training

Informant's Bio-Information

☐ ID Produced ☐ ID not Produced ☐ NIC NO. ☐ Work permit ☐ Passport ☐ ID No. _____

NIC serial NO. _____ Date of Birth _____

Name _____

Permanent Address *(with atoll and island)* _____

Nationality _____

Relation with newborn _____

Father's Bio-Information

☐ ID Produced ☐ ID not Produced ☐ NIC NO. ☐ Work permit ☐ Passport ☐ ID No. _____

NIC serial NO. _____ Date of Birth _____ Age _____

Father's Name _____

Permanent Address *(with atoll and island)* _____

Place of usual residence *(with atoll and island)* _____

Nationality _____ Contact number _____

Mother's Bio-Information

☐ ID Produced ☐ ID not Produced ☐ NIC NO. ☐ Work permit ☐ Passport ☐ ID No. _____

NIC serial NO. _____ Date of Birth _____ Age _____

Mother's Name _____

Permanent Address *(with atoll and island)* _____

Place of usual Residence *(with atoll and island)* _____

Nationality _____ Contact number _____

Past Obstetric History

Age at first pregnancy _____ Total no. of prior live births _____ Total no. of prior abortions / miscarriages _____ Total no. of pregnancies _____

Age at first marriage _____ Total no. of prior still births _____ Total no. of deliveries _____

Marriage Information

Mother's Marital Status at delivery ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Marriage Duration _____

Marriage certificate number _____ Marriage Date _____

I hereby declare information I have given above are correct to the best of my knowledge/

Signature of Mother _____ Signature of Birth Attendant _____

Official Stamp & Date

Signature of Father _____ Signature of Informant _____

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