**Kurdistan Regional Government Birth Certificate Date: XXXXX**

**Ministry of Health Civil Status Copy XXXX**

|  |  |
| --- | --- |
| Recorded by the health authority in………………………………  Series No .. Date: | Vaccinated (BCG) on |

**Department of Life and Health Records**

**Note: Mark (X) wherever appropriate Civil Status Copy Ministry of Finance Publication**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Infant** | **1- Name: Adam** | **2-** **Gender**: Male | **3-** **Place of Birth:** Maternity Hospital  **Village:** **Town:**  **District:** **Governorate:** XXX | | | |
| X  **4- The Birth is:** Single Twins More | | **5- Date of Birth:**  **Time:** XXXX **Date:** XXX  **Month:** XXX **Year:** XXX | | | |
| **Father** | **6-** **Full Name**: X X | **7- Age:** X | **8- Occupation:** X | **9-Nationality:** X | **10-** **Religion:** Muslim | |
| **Mother** | **11- Full Name:** X | **12- Age:** X | **13-** **Occupation:**  X | **14- Nationality:** X | **15- Religion:** XX | |
| **16- Number of the Birth that Mother gave prior to this Infant: A- Alive B- Those who born alive but dead**  **1**  **C- Those who born dead** | | | | | | |
| **17- The Period of Pregnancy:**  (XXXX | | **18- Infant Weight:** XXX | **19- Place of Birth:**  **X**  **Home** **Hospital Name of the Hospital:** Maternity | | | |
| **20- The birth delivered through the assistant of:** **Year:**  **X**  **Doctor:** **Licensed Nurse Specialized in childbirth:** **Licensed Midwife:** **Others:** **License Number:** | | | | | | |
| **21- Permanent Address of the Child Family:** **House No.** ( ) **Turning:** **Neighborhood or Village:** XX **Town:** **District:** **Governorate:** XX | | | | | | |
| **22- Special Information regarding the directorate of Identity and Civil Status:**  **Registration No:** XXX **Page No:** (XX) **Directorate of Identity and Civil Status:** XX **Governorate:** XX | | | | | | |
| **23- Informant Name:** XX **Relationship to the childbirth:** XX  **Authorized Seal of Certificate Arrangement Authorities** | | | | | |
| **24- I witnessed that this child was born alive from the above date:**  **Name:** XX **Work Address:** XX | | | | | |
| **Director or the Deputy Director: Full Name:** XX **Signature:** | | | | | |