

Today's date: ____/____/____

Notification of birth form

Hospital name:	_____
Hospital address:	_____
Contact name:	_____
Contact telephone #:	_____

Section 1: Mother's information

Tufts Health RI Together Member ID:	_____
Mother's name:	_____
Mother's address:	_____ _____ _____
Mother's date of birth:	_____
Mother's tel. #:	_____

Section 2: Child's information
(If there are additional children, please include this information on a separate sheet)

Child's name (Last, First, M.I)	Child's date of birth (MM.DD.YYYY)	Gender	Child's birth weight lbs/oz or grams	Gestational age
Child 1				
Child 2				
Child 3				

Race Code: _____

1. American	4. Hispanic
2. Asian	5. White, not of Hispanic origin
3. Black not, of Hispanic origin	6. Interracial
	7. Race unknown or unreported

Has an application for the child's social security number been made through the hospital? Yes No

I certify that the child or children named above was born to the mother listed.

Signature and title: _____ Date: ____/____/____