

CONFIDENTIAL



REPUBLIC OF GHANA

BIRTH REGISTRATION REPORT FORM (FORM A)

REGISTRY CODE [Grid]

SERIAL NUMBER IN REGISTER [Grid]

A. PARTICULARS OF CHILD

1 a. FIRST NAME
b. MIDDLE NAME
c. SUR NAME
2 SEX Male Female
3 DATE OF BIRTH NID No.
4 TYPE OF BIRTH (For children 15 years and above)
5 PLACE OF DELIVERY Hospital Clinic Mat Home House
OTHER (Specify)
6 ATTENDANT AT BIRTH Doctor Registered Midwife TBA
OTHER (Specify)
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
e. Region

