

Birth Registration

The hospital sends this signed form by fax to the registry office Wiesbaden
0611 31-3911

Information about the **mother**

surname ✎		birth name ✎		given name ✎	
date of birth(DD.MM.YYYY)		place of birth	nationality		marital status
if single or divorced – paternity recognized?			Yes <input type="checkbox"/>		No <input type="checkbox"/>
street, house number			zip-code, city		
telephone /mobile phone			e-mail		

Information about the **child**

date of birth (DD.MM.YYYY) ✎	time of birth ✎	sex female <input type="checkbox"/> male <input type="checkbox"/> miscellaneous <input type="checkbox"/>
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Place of birth (Hospital)

St. Josefs-Hospital Helios Dr. Horst Schmidt Klinik Asklepios Paulinen Klinik

Naming (**PLEASE FILL OUT CLEARLY AND SIGN!**)

Our child should receive the given name/s

_____ and
the surname _____.

The naming of our child (as shown on this sheet) is correct, complete and fully corresponds to our wishes (also concerning spelling). We are aware, that after certification by the civil registry office no changes are possible.			
✎		✎	
date	signature mother	date	signature father

Information about the **father**

surname ✎		birth name ✎		given name ✎	
date of birth (DD.MM.YYYY)		place of birth		nationality	
street, house number			zip-code, city		

Marriage of the **parents**

date	city	country
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Is there a previous child ? Yes No

how many? ✎	birth of the last child ✎	place of birth ✎
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signature hospital

stamp hospital