Out of Hospital Birth Report

Name of Mother	
Date and Time of Delivery	**Address of Delivery**
Date: Time:	Street: City:

Name	***If person who cut the umbilical cord/delivered placenta is an EMT or Paramedic fill out below info:**
Person who cut umbilical cord*: First Name: Last Name:	Certification/ License #: Agency: Agency Phone #: Signature:
Person who delivered placenta (if delivered)*: First Name: Last Name:	Certification/ License #: Agency: Agency Phone #: Signature:
Weight and Apgar Scores (if taken)	**CAD Incident #:**
Weight: / APGAR Score:	

KEEP THIS FORM – It will be required when you visit the Office of Vital Records.

Failure to register a child's birth in a timely manner could prohibit parents from obtaining a social security card, passport, medical insurance, and cash aid.

For more information on required documents and fees, search "out of hospital births" on the County web site: www.sandiegocounty.gov

Por Favor de mantener esta forma - Esta requerida cuando llegue a su visita con la Oficina de Vital Records.

Fracaso de no registrar el nacimiento de su niño a tiempo, se podrá prohibir de obtener el número del seguro social, pasaporté, seguro medica, y ayuda financiera.

Para información sobre documentos requeridos y el costo, por favor buscar, solo en inglés, "out of hospital births" en el sitio del Condado: www.sandiegocounty.gov

COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY

County of San Diego

Health and Human Services Agency

Office of Vital Records

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