

New Birth Registration Form

Please print clearly

Date _____

Surname _____ First Name/s _____

Date of Birth _____ Place of Birth _____

Address _____

Postcode _____

Child's ethnic group (Please tick one)

British/Mixed British Irish Other White background White & Black Caribbean

White & Black African White & Black Asian Other Mixed Background

Indian/ British Indian Pakistani/British Pakistani Bangladeshi/British Bangladeshi

Other Asian background Caribbean African Other Black Background Chinese

Other ethnic group (please give details) _____

Full name of Parents / Guardians _____

Tel. Number of Parent / Guardian (if different) _____

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