

Baby Delivery Note Form

Hospital/Clinic Details

- Facility Name: _____
- Address: _____
- City/State/ZIP: _____
- Phone Number: _____
- Email Address: _____

Delivery Note Details

- Delivery Note Number: _____
- Date of Birth: _____
- Time of Birth: _____

Parents' Details

- Mother's Name: _____
- Father's Name: _____
- Contact Details: _____
- Address: _____

Baby Details

| Baby ID | Gender | Weight (kg) | Length (cm) | Apgar Score |
|---------|--------|-------------|-------------|-------------|
| | | | | |

Acknowledgment

I acknowledge receipt of the baby's details as provided:

Parent/Guardian Name/Signature: _____

Date: _____