Form VIII(2016 Rev.)
(Rules 16, 17, 18 and 23)
(To be completed in duplicate)
(Stocked by DNRPC)

REPUBLIC OF ZAMBIA

NOTICE OF BIRTH

WARNING: In terms of section 9 of the Births and Deaths Registration Act, Cap. 51, any person who is obliged to make a registration and refuses or neglects to state any particular required on this form or gives any false information for the purpose of registration commits an offence and may, on conviction, be fined or imprisoned, or fined and imprisoned.

Please complete in block letters	Shaded fields for official use only	Serial No.:
		District:
Information Required	*Information Provided*	Date and Time:

1.	**DETAILS OF BIRTH**	**DATE OF BIRTH**	D D / M M / Y Y Y Y
	Place of Birth:	Health Facility:	Home:
		Other (specify):	Sex: M F
	Health Facility Name: *(if born at health facility)*		
	Home Address: *(if born at home)*		
	Other (Specify):		
	Surname:		
	Given Name:		
	Other Name(s):		
	Birth Weight:		
2.	**DETAILS OF FATHER**		
	Surname:		
	Other Name(s):		
	Date of Birth:	D D / M M / Y Y Y Y	
	National Identity No.:		
	Occupation:		
	Social Security No.:		
	Village of origin:		Chief:
	Tribe:		District:
	Nationality:		
	Residential Address:		
	Contact No.:		
3.	**DETAILS OF MOTHER**		
	Surname:		
	Other Name(s):		
	Maiden Surname:		
	Date of Birth:	D D / M M / Y Y Y Y	
	Age of Mother at Birth of Child above (Years):	Years	
B	National Identity No.:		Nationality:
A	Occupation:		
R	Social Security No.:		
C	Village of Origin:		Chief:
O	Tribe:		District:
D	Education:	Never Been to School	Primary / Secondary / Tertiary
E	Residential Address:		
	Usual Place of Residence:		
	Attendant at Birth:	Qualified Midwife	Traditional Birth Attendant
		Others (specify):	
4.	**ACKNOWLEDGEMENT OF PARENTHOOD** (To be completed by Biological Parents)		
	Marital Status of Parents:	Married	Not Married
	If not married, Parents must complete the following:	I, ...acknowledge myself to be the natural Father of the child in Part 1. Signature:.................................. Date:..................................	
		(Mother) I, ... hereby request and consent that the above named be registered as the Father of the child in Part 1. Signature :.................................. Date:..................................	

5.	**LATE NOTICE**	
	If the child is above 12 months: complete the following:	That the reasons I failed to notify the birth of my child within twelve months after birth are: ....
		I, therefore respectfully request that authority be given for the Registration of the Birth of the child in Part 1: ..... Signature of Declarant ..... Date
6.	**DETAILS OF INFORMANT.**	
	Surname	
	Other Names	
	National Identity No.:	
	Nationality:	
	Relationship to Child:	
	Residential Address:	
	Postal Address:	
	Contact No.:	
7.	**APPENDICES (Attachments)**	
	Original Birth record	
	Copies of Parent's National Identity Document	
8.	**INFORMANT'S DECLARATION:** I hereby declare that the information provided above is true, correct and complete to the best of my knowledge. I understand that any incorrect, misleading or untrue information or the withholding of any relevant information is an offence. ..... Name ..... Signature ..... Date	

FOR OFFICIAL USE ONLY

..... Name of Assistant Registrar ..... Signature

..... Name of Registrar ..... Signature

OFFICIAL STAMP

NOTE 1- The informant should be Father or Mother of the child and only if neither is able to give necessary information is one of the following persons entitled to give notice:

(a) the occupier of the house or the person in-charge of the hospital or institution where the child was born;
(b) a person present at birth; or
(c) The person now having charge of the child.

NOTE 2 – In terms of section 15 of the Act, a Registrar shall not enter in the Births Register the name of any person as father of an illegitimate child except at the joint request of the mother and the person acknowledging himself in writing in the presence of the Registrar to be the father of the child.

NOTE 3 – If you are a member of the National Pension Scheme Authority please quote your Social Security Number as this will assist the fund in the payment of benefits.

INSTRUCTIONS FOR COMPLETING NOTICE OF BIRTH

1. Fill in all applicable spaces using BLOCK LETTERS only without ERASURES or use of CORRECTING FLUID.
2. Use black or blue ink only.
3. Ensure that the information provided on the Form is correct to the best of your knowledge.
4. Once the forms have been submitted, the information provided will be considered correct details of the child.