# CERTIFICATE OF LIVE BIRTH

1. CHILD'S NAME: (Last Name) _____

(First, Middle Name) _____

2. SEX: ☐ MALE ☐ FEMALE

3. DATE OF BIRTH: ( MM /DD/ YYYY ) _____/_____/_____

TIME OF BIRTH: □AM / □PM _____ : _____

4. PLACE OF BIRTH: (Name of Hospital) _____

(Physical Address) _____

_____

5. MOTHER'S NAME: _____

(Mother's Maiden Name: _____ ) (First, Middle, LAST)

6. FATHER'S NAME: _____

(First, Middle, LAST)

**I HEREBY CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE AND TIME, AND ON THE DATE STATED ABOVE.**

_____ _____

(Date: MM/DD/YYYY) (Signature)

_____

(In print)

☐MD, ☐Midwife

BIRTH CERTIFICATE FORM
EMBASSY OF JAPAN, WASHINGTON DC

PDF

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