

NEWBORN / ADOPTED CHILD REGISTRATION



PLEASE SELECT ONE OF THE FOLLOWING:

	☐ NEWBC	ORN	☐ ADOPTION	I				
REQUIRED DOCUMENTATION When registering a newborn, a gov	vernment issued birth certifica	ate is requi	red for each child.					
If registering a child/children thro required for each child.	ugh adoption, the official add	option pap	ers, or a government	issued birth certif	ficate in the chil	d's new n	ame, is	
HOME MAILING ADDRESS (please	e print)							
Street / P.O. Box								
City / Town	Province	Province		Postal Code	Postal Code			
Home Telephone Number	Cell Number	Cell Number		E-mail Address	E-mail Address			
PARENT/GUARDIAN INFORMATION	DN .							
MCP Card Number			Birth Date (YYYY-MM-DD)					
Surname			All Given Names					
CHILD / CHILDREN TO BE REGIS	TERED							
	All Giv	All Given Names (in full)		Sex Birth Date				
Surname	(First Name)		(Middle Name)	(M / F)	(YYYY)	(MM)	(DD)	
DECLARATION (To be signed by p	parent or legal guardian)			·				
IT IS AN OFFENCE TO GIVE FAL		PURPOSE	OF OBTAINING COVE	RAGE UNDER TH	IE NL MEDICAL	CARE PLA	AN	
I hereby declare that the information	on given is correct and the person	on(s) listed	on this form are residen	ts of Newfoundland	d and Labrador.			
Signature of Applicant:				Date:				
INTENT FOR ORGAN/TISSUE DOI			s name be added to the ted by the <i>Human Tissu</i> e		omplete the secti	ion below.		
Printed Name	Signature		Printed Name		Signature			
Printed Name	Signature		Printed Name	Si	gnature			
			I					

MCP, Grand Falls-Windsor Office

MCP, St. John's Office

PO Box 5000, Grand Falls-Windsor, NL, A2A 2Y4

safeguarded is in accordance with the Personal Health Information Act (PHIA). If you have any questions about the collection or use of this information please contact our office.

PO Box 8700, 45 Major's Path, St. John's, NL, A1B 4J6

Telephone: 709-292-4000 Toll Free: 1-800-563-1557 Fax: 709-292-4052 Telephone: 709-758-1600 Toll Free: 1-866-449-4459 Fax: 709-758-1694

PRIVACY NOTICE: The Newfoundland and Labrador Medical Care Plan (MCP) collects personal health information under the authority of the Medical Care and Hospital Insurance Act. Personal health information collected, used, disclosed, and