



Management entrusted to the
Bureau de la statistique du Québec

PLACE OF BIRTH

1. Name of institution where birth occurred		2. Code of institution
3. Exact location where birth occurred (No., street, municipality, province or country)		Postal code

IDENTIFICATION OF PARENTS (Write the surnames and given names according to the act of birth)

FATHER	4. Surname of father			5. Usual given name			
	6. Birthdate of father Year : Month : Day :		7. Age	8. Father's birthplace (province or country)		9. Mother tongue of father 01 <input type="checkbox"/> French 02 <input type="checkbox"/> English Other _____	
MOTHER	10. Surname of mother (according to the act of birth)			11. Usual given name			12. Tel. No. where mother can be reached Area code : :
	13. Birthdate of mother Year : Month : Day :		14. Age	15. Mother's birthplace (province or country)		16. Mother tongue of mother 01 <input type="checkbox"/> French 02 <input type="checkbox"/> English Other _____	
	17. Mother's address (No., street, municipality, province or country)						Postal code
	18. Language spoken at home 01 <input type="checkbox"/> French 02 <input type="checkbox"/> English Other _____		19. Marital status of mother 1 <input type="checkbox"/> Single (never married) 2 <input type="checkbox"/> Married and living with her spouse 3 <input type="checkbox"/> Widowed		20. Relationship with partner 1 <input type="checkbox"/> Living together as a couple 2 <input type="checkbox"/> Not living together as a couple		21. Number of years mother attended school : :
22. Number of children previously born (excluding present pregnancy) Liveborn : Stillborn (500 grams or more) : :			23. Date of last live birth Year : Month : Day :		24. Date of last marriage Year : Month : Day :		

IDENTIFICATION OF CHILD AT BIRTH

25. Surname of child	26. Given name(s)
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SIGNATURE OF MOTHER OR FATHER

I confirm that the above information is accurate, and authorize its being sent to the Bureau de la statistique du Québec, to the ministère de la Santé et des Services sociaux, to the regional public health department and to the local community service centre.

27. Date signed Year : Month : Day :	28. Signature of at least one of the two parents X
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MEDICAL CERTIFICATION OF BIRTH

29. Date and time of birth Year : Month : Day : Hour : Minute :		30. Type of birth 01 <input type="checkbox"/> Single 02 <input type="checkbox"/> Twin Other (specify) _____		31. If multiple birth, state whether this child born 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> Other (specify) _____		
32. Sex of child 1 <input type="checkbox"/> Male 2 <input type="checkbox"/> Female 9 <input type="checkbox"/> Undetermined		33. Weight at birth (grams)		34. Duration of pregnancy (completed weeks)		
35. Accoucheur (surname and usual given name)			36. Permit No. (Corp. des médecins)		37. Tel. No. at work Area code : :	
38. Accoucheur's address (No., street, municipality, province)						Postal code
39. Was the accoucheur a 1 <input type="checkbox"/> Physician 2 <input type="checkbox"/> Nurse Other (specify) _____			40. Signature of accoucheur X		41. Date signed Year : Month : Day :	

The information given is subject to the provisions of the Act respecting Access to documents held by public bodies and the Protection of personal information. The conditions are listed on the back of this copy.

In the case of a multiple birth, please fill in a Return of Live Birth (SP-1) for each liveborn child and a Return of Stillbirth (SP-4) for each stillborn child.

If a child dies immediately after birth or during the days that follow, a Return of Live Birth (SP-1) and a Return of Death (SP-3) must nevertheless be completed.