**Little Harwood Health Centre Baby Registration Table**

|  |  |
| --- | --- |
| **Name of the Baby** |  |
| **Date of Birth** |  |
| **Gender** |  |
| **Town of Birth** |  |
| **NHS Number ( found in red book)** |  |
| **Home Address** |  |
| **Contact Number** |  |
| **Weight of Baby at Birth** |  |

|  |  |
| --- | --- |
| **Mothers Name** |  |
| **Mothers date of birth** |  |
| **Mothers Contact number** |  |

**Mothers details**

Please complete and bring down to the health centre or email to lhhc.enquiries@nhs.net