

NEWBORN / ADOPTED CHILD REGISTRATION FORM

Please Print

MAILING ADDRESS

Street/P.O. Box		City/Town	
Province	Postal Code	Telephone Number (Home)	Telephone Number (Work)

INFORMATION FOR PARENT OR GUARDIAN OF CHILD BEING REGISTERED

MCP Registration Number	Surname	All Given Names	Birth Date (YY/MM/DD)

CHILD/CHILDREN TO BE REGISTERED

Surname	All Given Names	Sex (M/F)	Birth Date (YY/MM/DD)

DECLARATION (It is an offense to give false information for the purpose of obtaining coverage under the Newfoundland & Labrador Medical Care Plan)

I hereby declare that the information given is correct and the person(s) listed on this form are residents of Newfoundland & Labrador.	
Signature	Date

REQUIRED DOCUMENTATION

If registering a child/children through adoption, a copy of the official adoption papers, or the birth certificate in the child's new name, is required for each child.

If the surname of the child/children is different than that of the registering parent or guardian, a copy of the birth certificate is required for each child.