附件1

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| 出生医学证明首次签发登记表   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **分 娩 信 息** | | | | | | | | | | | | | | | | | | 产妇姓名 | |  | | | | 住院病历号（病案号） | | | | |  | | | | | | | 新生儿性别 | |  | | | | 出生时间 | | | | | 年 月 日 时 分 | | | | | | | 出生孕周 | | 周 | | 出生体重 | | | | 克 | | | | | | 出生身长 | | 厘米 | | 出生地点 | | 省 市 县（区） | | | | | | | | | | | | 医疗机构名称 | |  | | 以上内容由接生人员填写，请核对正确无误后签字确认。  接生人员签字： 填表日期： 年 月 日 | | | | | | | | | | | | | | | | | | **新生儿姓名及其父母相关信息** | | | | | | | | | | | | | | | | | | 新生儿姓名 | | |  | | | | | | | | | | | | | | | 母  亲  信  息 | 姓名 | |  | | | | | | 年龄 | | | |  | | | | | 国籍 | |  | | | | | | 民族 | | | |  | | | | | 住址 | | | |  | | | | | | | | | | | | | 有效身份证件类别 | | | |  | | | | | | | | | | | | | 有效身份证件号码 | | | |  | | | | | | | | | | | | | 父  亲  信  息 | 姓名 | |  | | | | | | | 年龄 | |  | | | | | | 国籍 | |  | | | | | | | 民族 | |  | | | | | | 住址 | | | |  | | | | | | | | | | | | | 有效身份证件类别 | | | |  | | | | | | | | | | | | | 有效身份证件号码 | | | |  | | | | | | | | | | | | | 领  证  人 | 姓名 | |  | | | | 与新生儿关系 | | | | | | | |  | | | 有效身份证件类别 | | | |  | | | | | | | | | | | | | 有效身份证件号码 | | | |  | | | | | | | | | | | | | 以上内容由领证人填写，请核对正确无误后签字确认，并承担相应法律责任。出生医学证明一经签发，证件上的各项信息原则上不应变更。  领证人签字： 填表日期： 年 月 日 | | | | | | | | | | | | | | | | |   注：1.在首次签发登记表背面粘贴出生医学证明存根、新生儿父母有效身份证件复印件等材料。  2.表中的分娩信息和新生儿姓名及其父母相关信息分别由接生人员和领证人填写，所有项目要字迹清楚。若出现涂改，相应内容须由接生人员或领证人签字确认。 |

**《出生医学证明首次签发登记表》有关要求说明：**

　　（一）出生医学证明首次签发登记表：表中的分娩信息、新生儿姓名及其父母相关信息分别由接生人员和领证人填写，所有项目要字迹清楚，若出现涂改，相应内容须由接生人员或领证人员签字确认；

　　（二）新生儿父母的有效身份证件：未提供新生儿父亲或母亲信息的，新生儿父亲或母亲须提供本人签字的书面声明，签发机构可在出生医学证明上父亲或母亲信息的相应栏目处填写“∕”；

　　（三）助产机构外出生新生儿的出生医学证明申领需要提供：新生儿父母有效身份证件、《助产机构外出生的出生医学证明首次签发核查表》、亲子司法鉴定意见书、符合机构外签发情形的佐证材料。提供单方亲子司法鉴定意见书的，出具出生医学证明时，只打印已鉴定方信息，提供双方亲子司法鉴定意见书的，打印父母双方信息；

（四）原分娩机构已停止签发职能的，提供经原分娩机构主要负责人签名和盖机构公章的住院分娩病历复印件，其《出生医学证明首次签发登记表》“分娩信息”由新生儿出生医院提供。新生儿母亲有效身份证件记载信息与住院分娩登记信息不一致的，应查验新生儿母亲与住院分娩登记为同一人的材料或者亲子司法鉴定意见书。产妇住院分娩时已通过“人证合一”刷脸认证的，不予变更新生儿母亲信息。

（五）申请打印新生儿父母双方信息，但一方无法现场和网上刷脸确认的，无法到场的父亲或母亲一方近亲属需现场确认，并补充提供以下佐证材料之一：人民法院出具的未提出申请方的限制民事行为能力证明、子女抚养权判决书、无民事行为能力证明、失踪证明、死亡证明，或申请方获得子女抚养权或实际抚养的有效佐证材料（如新生儿社保、医保缴费发票，学杂费缴费发票等）。

（六）新生儿父母一方或者双方为外籍人士的，“新生儿姓名”栏可填写中文或英文，也可同时打印中文和英文姓名（英文名在前），中文姓名需用国家通用规范汉字填写（新生儿姓名一经签发原则上不能变更）；“出生日期”采用公历日期，用阿拉伯数字填写；“年龄”栏填写新生儿出生时其父母年龄；其他信息应填写中文；新生儿父亲或母亲为香港、澳门或台湾居民的，在“国籍”栏分别填写“中国（香港）”、“中国（澳门）”或“中国（台湾）”；未提供民族信息的，“民族”栏可填“/”；“住址”填写其有效身份证件地址或现地址（中国大陆住址）。