|  |  |  |
| --- | --- | --- |
| **PARENT(s)/GUARDIAN(s)/SIBLINGS OF NEWBORNS** | | |
|  | Name | D.O.B |
| Mother |  |  |
| Father |  |  |
| Siblings |  |  |
|  |  |
|  |  |
|  |  |
| Other relatives in household |  |  |
|  |  |
|  |  |
|  |  |
|  |  |

What is your new baby’s ethnicity?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Ethnicity:**  **White**  *British*  *Irish*  *Other White (please state):* | **Asian or British Asian**  *Indian*  *Pakistani*  *Bangladeshi*  *Other Asian (please state):* | **Mixed Race**  *White& Caribbean*  *White & African*  *White & Asian*  *Other Mixed (please state):* | **Black or Black British**  *Caribbean*  *African*  *Other Black (please state):* | **Chinese or other**  Chinese  *Other (please state):* |

Please return to [courthouse.surgery1@nhs.net](mailto:courthouse.surgery1@nhs.net)