|  |
| --- |
| **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