**Birth Notification Registration Form (Health Post)**

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| **Identification** | | | | **Notification and Delivery** | | | **Maternal status** | | **Neonate status** | | | | | **PNC** | **Remark** |
| Serial No. | Mother Name | Age | Kebele | Labor/birth notified **(√)** | Delivery date **(DD/MM/YY) (00:00)** | Attendant | Alive **(√)** | Died (**√)** | Alive **(√)** | Weight in grams | Still birth **(√)** | If died (age in days) | Newborn Referred **(DD/MM/YY)** | Date of first PNC  (at home)  **(DD/MM/YY)** |
| Date  **(DD/MM/YY)** | Name of HDA/ (1-30) network leader | Gote | Place of delivery | If died, cause of death | Name of facility referred |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) | (12) | (13) | (14) | (15) | (16) |
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**(13) Prematurity, Infection, Asphyxia, Cong. Mal, or others**

**Notification and home delivery register V 1.0**

**(07) Nurse, HEW, FLW, TBA or others**

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