

Dear parents,

Your hospital will register the birth of your child at the Mannheim registry office, K 7, 68159 Mannheim. Please fill out this declaration carefully and **hand it in to the HOSPITAL ADMINISTRATION with the documents mentioned below.**

The following must be presented to the registry office:

For parents who are married to each other	Family register or birth certificates of both parents and marriage certificate or certified printout from the marriage register. Foreign language documents must be translated by a sworn translator.
For parents who are not married to each other	Birth certificates of both parents. If the mother was married: marriage certificate with proof of the dissolution of the marriage (final divorce decree or death certificate of the husband). Foreign language documents must be translated by a sworn translator.
As proof of identity	Identity card or passport (if applicable with residence permit)

If you have any questions, please contact us at the following telephone numbers: **0621/ 293-3101.**

Declaration of the name of a child	
(to be filled out in person by the entitled father and mother)	
Date of birth _____ <input type="checkbox"/> male <input type="checkbox"/> female	
Our child shall have <input type="checkbox"/> the first name <input type="checkbox"/> the first names	

and the family name _____.	
* For parents who have separate names and joint custody of the child: We are aware that this naming provision also applies to our other children for whom we have joint custody. (Section 1617 I BGB [German Civil Code]).	
Attention: Hyphenated first names are considered as one first name! Please make sure that the spelling of the first names corresponds exactly to your wishes. Changes or additions are no longer possible after certification.	
For parents not married to each other:	
Has paternity been acknowledged prior to birth? <input type="checkbox"/> yes <input type="checkbox"/> no	
At which youth welfare office or registry office was this declaration made? _____	
Has a joint declaration of custody already been made? <input type="checkbox"/> yes <input type="checkbox"/> no	
(Please enclose supporting documents in each case)	
Mother's signature (maiden name if applicable)	Father's signature (birth name if applicable)
Mother's place of residence (<u>main residence</u>), street, house number	Father's place of residence (<u>main residence</u>), street, house number
Telephone number:	Telephone number:
Religious affiliation:	Religious affiliation:
Data for statistical purposes only: Child's mother gainfully employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	
1 st , 2 nd , 3 rd child of the mother? ___ child 1 st , 2 nd , 3 rd child of the marriage? ___ child	
Date and place of birth of the previously born child:	