CONCORDIA-HEALTH
MUTUAL AID REPOSITORY

1901 Pennsylvania Avenue NW
Washington, DC 20006

MEMBERSHIP & DEPENDENT REGISTRATION **FORM CH-BDF-001 / VERSION 1.0**

Birth Declaration Form

Registration of a Newborn

01 MEMBER IDENTIFICATION

MEMBERSHIP NUMBER	SOCIAL SECURITY NUMBER (SSN)

02 REGISTRATION DECLARATION

I, the undersigned member, request that my child be registered as a dependent under the Concordia-Health discretionary mutual aid framework, effective as of the date of birth entered below.

03 NEWBORN INFORMATION

LAST NAME	FIRST NAME
GENDER	**NATIONALITY**
DATE OF BIRTH	**NATIONAL IDENTIFICATION NUMBER (IF ASSIGNED)**

RELATIONSHIP TO MEMBER

04 CERTIFICATION & AUTHORIZATION

I certify that the information provided is true and complete to the best of my knowledge.
I understand that supporting documentation may be requested for verification.

☐ No registration request for this child has been submitted to another institutional mutual aid framework.

CITY / PLACE OF SIGNING	DATE SIGNED
SIGNATURE OF MEMBER	**SIGNATURE OF SECOND MEMBER (IF APPLICABLE)**