附表1

广东省生育登记表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 女方姓名 | |  | | | | | 出生日期 | | | | |  | | | | 联系电话 | | | | | | |  | | | | |
| 身份证号码 | |  |  |  | |  | |  |  | |  | |  |  |  | | |  |  |  |  | | |  |  |  |  |
| 户籍地地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现居住地地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 男方姓名 | |  | | | | | 出生日期 | | | | |  | | | | 联系电话 | | | | | | |  | | | | |
| 身份证号码 | |  |  |  | |  | |  |  | |  | |  |  |  | | |  |  |  |  | | |  |  |  |  |
| 户籍地地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现居住地地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 目前婚姻状况 | | 女方：□未婚 □初婚 □再婚；男方：□未婚 □初婚 □再婚  结婚日期： | | | | | | | | | | | | | | | | | | | | | | | | | |
| 目前孕育状况 | | 当前子女状况：女方：已生育 男 女  　　　　　　 男方：已生育 男 女  当前孕情：□未怀孕；□现孕 周；□已生育，生育时间 年 月，出生医学证明号码： | | | | | | | | | | | | | | | | | | | | | | | | | |
| 承 诺  本人保证以上情况及提供的相关材料属实。如有不实，所取得的生育登记自动失效，无条件退还申领到的各项奖励、待遇，并承担一切法律责任。  登记人签名并按手印：    年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 信息核查情况 □属实 □无法核实 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受理机构意见（盖章） 联系电话： | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 经办人 |  | | | | 审核人 | | | | |  | | | | | | | 登记时间 | | | | |  | | | | | |

编号：

注：此登记表由办理机构留存。