

PARENTS WITH A NEWBORN

NEWBORNS NAME: _____

DOB: _____

MOTHERS NAME: _____

MOTHERS EMPLOYER: _____

EMPLOYERS PHONE: _____

INSURANCE THRU YOUR EMPLOYER: _____

FATHERS NAME: _____

FATHERS EMPLOYER: _____

EMPLOYERS PHONE: _____

INSURANCE THRU YOUR EMPLOYER: _____

(YOUR INSURANCE, UNLESS UHC, WILL NOT COVER BABY FOR FIRST 31 DAYS UNLESS YOU ADD THE BABY!!!!!!!!!!!!!!!)

WHICH INSURANCE DO YOU PLAN ON KEEPING THE CHILD ON OR ADDING THE CHILD TO? _____

SIGNATURE OF MOTHER _____

SIGNATURE OF FATHER _____