

FORM CFS-3

NOTICE OF MATERNITY

*The Child and Family Services Act*  
(subsection 9(4))

INSTRUCTIONS: To be completed by a maternity institution or hospital upon admission of a minor single mother for care during her pregnancy or labour and delivery.

TO: Director of Child and Family Services  
Winnipeg, Manitoba

PART A: General Information

Mother: \_\_\_\_\_  
Full Name

Birthdate: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Permanent Address \_\_\_\_\_ Current Address \_\_\_\_\_  
\_\_\_\_\_

Admission Date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Agency: \_\_\_\_\_

Office: \_\_\_\_\_  
\_\_\_\_\_

Worker: \_\_\_\_\_

Phone: \_\_\_\_\_

Expected Delivery Date: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

NOTE: Above information to be forwarded by maternity institutions on admission for care and by hospitals on the birth of a child.

PART B: Birth Information

Child: \_\_\_\_\_  
Full Name

Birthdate: Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_ Sex \_\_\_\_\_

Discharge Plans:

Additional Comments:

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Signature of Administrator

Date \_\_\_\_\_

\_\_\_\_\_  
Copy 1 - The Director  
Copy 2 - The agency  
Copy 3 - Institution