

FORM CFS-3

NOTICE OF MATERNITY

Manitoba
Family
Services
and Housing

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