

Align Kleen Print Here

Align Kleen Print Here



MNRS
Maternal/Newborn
Record System™

Newborn Identification Record

To order call: **1.800.247.2343**

Re-order No. **5718N**

Infant Name		Hospital No.
Infant's Birth Date	Time of Birth	Sex
Color or Race	Weight	Length
Mother's Name		Hospital No.
Signature of Person Applying Bracelet		Printed Bracelet No.

INFANT'S RIGHT FOOTPRINT
(or Palm Print)

INFANT'S LEFT FOOTPRINT
(or Palm Print)

MOTHER'S RIGHT
INDEX FINGERPRINT

UPON DISCHARGE - ATTACH INFANT'S BRACELET BELOW (optional) AND HAVE STATEMENT SIGNED AND WITNESSED

I HEREBY CERTIFY that on being discharged, I examined my baby and determined that the infant was mine. On checking the bracelet units sealed onto the infant and myself, I found that they were identically numbered _____ and contained correct identifying information.

Date

Mother's Signature

Witness / Hospital Representative

SIGNATURE AND TITLE OF PERSON TAKING PRINTS

Signature	Title
-----------	-------

SIGNATURE OF PERSONS CONFIRMING SEX AND IDENTIFICATION

Physician	Delivery Room Nurse	Nursery Nurse
-----------	---------------------	---------------