



LIVE BIRTH BY DONOR NOTIFICATION

From:

Tel No:

Fax No:

Cell No:

Name of Hospital/Clinic

E-mail address:.....

This notice serves to confirm that I Dr.

Practice Nohave witnessed the live birth of a baby

Boy / Girl born to Ms

**ID No on
(Date)**

of which I am significantly sure was conceived by gametes from your

donor no.....

Thank you.

.....
Signature of reporting physician/gynaecologist/obstetrician