

BIRTH of BABY NOTIFICATION

Registration No:

Your name	
Applicants name (if Different from above)	
Current Address	
Current Address	

This to inform you of the birth of my/our baby		
Baby's full name		
Baby's Date of Birth		

PLEASE ENCLOSE

PROOF OF CHILD BENEFIT <u>AND</u> A COPY OF THE BABY'S BIRTH CERTIFICATE

(Do not send original documents in the post).

These documents must be received before your application can be amended.

Print your name:	Signature:
Print partners name:	Signature:
Date:	

Please return the completed form to: Housing Options Dept of

INVESTOR IN PEOPLE

Thanet District Council PO Box 9, Cecil Street, Margate, Kent CT9 1XZ

01843 577000 www.thanet.gov.uk