COMUNICAÇÃO DE NASCIMENTO

**(Documento de uso do hospital/maternidade)**

Ao (A) Exmo(a). Juiz(a) de Direito da Vara da Infância e Juventude

Nº do Processo:

Comunicamos que a Sra. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

deu à luz ao recém-nascido do sexo \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ em \_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_\_\_ .

Previsão de alta da mulher \_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ .

Previsão de alta do(a) recém-nascido(a): \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_.

Breve descrição do estado de saúde da mulher:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Breve descrição do estado de saúde do(a) recém-nascido(a):

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Outras informações:

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RESPONSÁVEL PELO COMUNICADO:

Nome:

Cargo/Função:

Maternidade/Hospital:

Telefone: ( )

E-mail:

Local:

Data: \_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_

Assinatura: