



FOR	NSO	USE	ONLY	

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PROOF OF GUARDIANSHIP Please print clearly 1. Patient Information Child's Name at birth:_____ • Date of Birth (dd/mm/yyyy): ___/__/____ • Health Card Number:_____ • Mother's Name (at time of child's birth): • Other: • 2. Parent/Guardian Information: Check here if you are the sole guardian for the child indicated above First name Last name Date (dd/mm/yyyy) Signature Location ID provided: Number: □ I warrant that the above information is true and accurate. Additional Parent/Guardian Information (if applicable): Last name First name Date (dd/mm/yyyy) Location Signature ID provided: _____ Number: _____ □ I warrant that the above information is true and accurate. Notarization Subscribed and sworn to before me this _____ day of _____, 20____ Signature of Notary Public: Affix Notary Seal Here

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