**Kode. F-2.02**

Pemerintah Kabupaten/Kota : Ket : Lembar 1 : Instansi Pelaksana.

Provinsi : Lembar 2 : Untuk yang bersangkutan.

Kode Wilayah :

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**SURAT KETERANGAN KELAHIRAN**

**(WARGA NEGARA INDONESIA)**

Nama Kepala Keluarga Nomor Kartu Keluarga **BAYI / ANAK**

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1. Nama :
2. Jenis kelamin :
3. Tempat dilahirkan :
4. Tempat kelahiran :
5. Hari dan Tanggal lahir :
6. Pukul :
7. Jenis kelahiran :
8. Kelahiran ke :
9. Penolong kelahiran :
10. Berat bayi :
11. Panjang bayi :

**I B U**

1. NIK

1. Nama lengkap
2. Tanggal Lahir / Umur
3. Pekerjaan
4. Alamat

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1. Kewarganegaraan :
2. Kebangsaan :
3. Tgl Pencatatan Perkawinan :

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1. NIK

1. Nama lengkap
2. Tanggal Lahir / Umur
3. Pekerjaan
4. Alamat

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1. Kewarganegaraan
2. Kebangsaan

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1. WNI

2. WNA

**PELAPOR**

1. NIK :
2. Nama lengkap :
3. Umur :
4. Jenis Kelamin :
5. Pekerjaan :
6. Alamat :

**SAKSI I**

1. NIK
2. Nama lengkap
3. Umur
4. Pekerjaan
5. Alamat

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1. NIK

**SAKSI II**

1. Nama lengkap
2. Umur
3. Pekerjaan
4. Alamat

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|  | 1. Laki-Laki 2. Perempuan  1. RS/RB 2. Puskesmas 3. Polindes 4. Rumah 5. Lainnya | | | | | | | | | | | | | | | | | | | | | | | |
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|  | 1. Tunggal 2. Kembar 2 3. Kembar 3 4. Kembar 4 5. Lainnya 1. 2. 3. 4. ………………  1. Dokter 2. Bidan/Perawat 3. Dukun 4. Lainnya | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Desa/Kelurahan 2. Kecamatan | | | | | | |  | | | | | | | c. Kab/Kota  d. Provinsi | | | |  | | | | | | |
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|  |  | Tahun | | | | | | | | | | | | | | | | | | | | | | |
|  | 1. Laki-laki 2. Perempuan | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. Desa/Kelurahan 2. Kecamatan | | | | | | |  | | | | | | | c. Kab/Kota  d. Provinsi | | | |  | | | | | | |
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| 1. Desa/Kelurahan 2. Kecamatan | | | | | | |  | | | | | | | c. Kab/Kota  d. Provinsi | | | |  | | | | | | |
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| 1. Desa/Kelurahan 2. Kecamatan | | | | | | |  | | | | | | | c. Kab/Kota  d. Provinsi | | | |  | | | | | | |
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Mengetahui :

Kepala Dinas Kependudukan dan Pencatatan Sipil Kab/Kota

(…….…………………………………..)

Pelapor

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