**Template “Proof of Birth” Letter**

(Print on practice or hospital letterhead)

Date

Re: Registering Your Baby for Ontario Health Insurance Plan (OHIP) Coverage

This letter represents confirmation that the baby indicated below was born on (insert date of birth) at (insert location of birth).

To register your baby for OHIP, please bring this letter to a Service Ontario centre. Please 1-800-267-8097, TTY 1-800-387-5559 to ensure you have all the required documentation before you go. Please tell the customer service agent that you are using this letter to register your baby through the surrogacy process.

If your baby has already received Ontario health services, you should provide the hospital and physicians that provided the services with the new health number.

Baby’s information:

Last name: (should be what the intended parent(s) has chosen)

First name: (can leave blank is undecided)

Middle Name:

Sex: M/F

Date of Birth: yyyy/mm/dd

Signature of midwife and registration number