

## Birth Observation Form

Bureau of Licensing for Professions & Occupations  
150 North 18<sup>th</sup> Avenue, Suite 410  
Phoenix, Arizona 85007

### APPLICANT INFORMATION

Legal First Name

Legal Last Name

### Birth Observation:

Date of Birth Observed: \_\_\_\_\_

Name of Witness (print first and last name): \_\_\_\_\_

Title of Witness: \_\_\_\_\_

(Physician, Midwife, Nurse, Expectant Mother/Father, etc)

### Contact Information of Witness:

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Phone Number

Signature of Witness: \_\_\_\_\_

\_\_\_\_\_  
Today's Date