附表6

广东省批准再生育子女决定书

编号：

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 女方姓名 |  | | | | | | | | | | | | | | | | | |
| 身份证号码 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 户籍地地址 |  | | | | | | | | | | | | | | | | | |
| 现居住地地址 |  | | | | | | | | | | | | | | | | | |
| 男方姓名 |  | | | | | | | | | | | | | | | | | |
| 身份证号码 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 户籍地地址 |  | | | | | | | | | | | | | | | | | |
| 现居住地地址 |  | | | | | | | | | | | | | | | | | |
| 经审核， 、 夫妻，属再生育第（ ）个子女，符合《广东省人口与计划生育条例》第 条第 款第 项规定，予以批准再生育一胎子女。  本决定书只在本产次有效。 | | | | | | | | | | | | | | | | | | |
| 经办人： 联系电话：  （盖章）  （办理机构名称，示例：广东省XX市XX县（市、区）XX乡（镇、街道）卫生健康工作机构） 年　　月　　日 | | | | | | | | | | | | | | | | | | |

注：此决定书一式两份，一份办理机构留存，一份申请人执有。