

**Pregnancy Notification Form**  
(and *Mother and Child Health Handbook* Issue Ledger)

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◎The information you provide will be treated as personal information. The City Office will handle this notification form, and the information you provide will only be used to supply pregnancy, childbirth, and childrearing support.

◎Please fill in the fields within the bold frame. Also, please answer the Childrearing Questionnaire on the back.


<b>Furigana</b>				<b>Date of birth</b>	<b>Age</b>	<b>Occupation</b>
Name of pregnant woman	①Married ②Unmarried (marriage registration planned/not planned)			YY MM DD		
<b>Furigana</b>				<b>Date of birth</b>	<b>Age</b>	<b>Occupation</b>
Name of spouse (or partner)				YY MM DD		
<b>Address</b>	<b>Hino City</b>				<b>Phone number</b> * Please provide a phone number where you can be reached during the day (weekdays from 8:30 to 17:15)	
					[Mobile phone number of pregnant woman]	
					[Husband,others]	
If you are a foreign national, please state your nationality:						
<b>Weeks of pregnancy</b>	Weeks	Estimated delivery date			Plan to return to your hometown to give birth	①Yes ②No ③TBD
			(YY/MM/DD)			
<b>Past pregnancies /childbirths</b>	<b>Number of past pregnancies</b> ①None ②Yes ( ) times / <b>Number of past childbirths</b> ①None ②Yes ( ) times					
<b>State of pregnancy</b>	① Single birth ② Multiple fetuses (Number of fetuses: )		<b>Fertility treatment received</b>	①Yes ②No		Testing for sexually transmitted diseases
						①Received ②Not received
<b>Medical institution</b>	A Name of medical institution / B Name of doctor or midwife		A		B	
I submit the information above. <b>Date</b>						
To: Hino City Mayor						
Name of submitter _____ (Relation: _____ )						

[Submitter receipt confirmation field]

- Mother and Child Health Handbook* 1  Foreign-Language Version of *Mother and Child Health Handbook* (Language: \_\_\_\_\_ )
- Pregnancy checkup vouchers (14)
- Ultrasound examination guide (4)
- Cervical cancer screening voucher for pregnant woman (1)
- Dental health checkup voucher for pregnant woman (1)
- 新生児聴覚検査 (1回分)
- Childrearing package guide
- Interviewed (Seal)
- 出産応援ギフト(管理番号: \_\_\_\_\_ )

**I have received the above. Name:** \_\_\_\_\_

【市確認欄】

<input type="checkbox"/> 住基確認 	<b>1点確認</b> <input type="checkbox"/> 運転免許証 <input type="checkbox"/> マイナンバーカード <input type="checkbox"/> 写真付き学生証 <input type="checkbox"/> パスポート <input type="checkbox"/> 在留カード <input type="checkbox"/> 保険証 <input type="checkbox"/> その他 ( )	<b>2点確認</b> <input type="checkbox"/> 住民票の写し <input type="checkbox"/> 公共料金の領収書 <input type="checkbox"/> 住基カード <input type="checkbox"/> 学生証、社員証 <input type="checkbox"/> クレジットカード <input type="checkbox"/> 診察券 <input type="checkbox"/> 各種医療証 <input type="checkbox"/> その他 ( )
	または	