

# Pregnancy Notification Form

(and Mother and Child Health Handbook Issue Ledger)  
(and Childcare Package Application Form)

No. \_\_\_\_\_

①The 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.

②Please fill in the fields within the bold frame. Also, please answer the Childrearing Questionnaire on the back.

		<b>personal number</b>																		
<b>Furigana</b>		<b>Date of birth</b>				<b>Age</b>		<b>Occupation</b>												
Name of pregnant woman		YY MM DD																		
①Married ②Unmarried (marriage registration planned/not planned)																				
<b>Furigana</b>		<b>Date of birth</b>				<b>Age</b>		<b>Occupation</b>												
Name of spouse (or partner)		YY MM DD																		
Address		Hino City				<b>Phone number</b>		* Please provide a phone number where you can be reached during the day (weekdays from 8:30 to 17:00)												
						[Mobile phone number of pregnant woman]														
						[Husband, others]														
If you are a foreign national, please state your nationality:																				
<b>Weeks of pregnancy</b>		Weeks		<b>Estimated delivery date</b>		(YY/MM/DD)		<b>Plan to return to your hometown to give birth</b>		①Yes ②No ③TBD										
<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		<b>Testing for sexually transmitted diseases</b>		①Received ②Not received										
								<b>Medical check-up for tuberculosis</b>		①Received ②Not received										
<b>About the medical institution where you received your pregnancy diagnosis</b>		<b>Medical institution name</b>				<b>Medical institution phone number</b>														
		<b>Medical institution address</b>				<b>Name of doctor or midwife</b>														
I submit the information above. Date _____																				
To: Hino City Mayor																				
Name of submitter _____ (Relation: _____ )																				

[Submitter receipt confirmation field]

- |  |  |
|--|--|
| <input type="checkbox"/> Mother and Child Health Handbook 1 (Language: _____)<br><input type="checkbox"/> Childrearing package guide (Management Number: _____)<br><input type="checkbox"/> Pregnancy Support Benefit Application<br><input type="checkbox"/> Electronic gifts (Management Number: _____ )<br><input type="checkbox"/> Tokyo gift (Management Number: _____ )<br><input type="checkbox"/> Bank transfer<br><small>※6-8 months pregnancy questionnaire, with consent for phone number use</small> | <input type="checkbox"/> Pregnancy checkup vouchers (14)<br><input type="checkbox"/> Ultrasound examination guide (4)<br><input type="checkbox"/> Cervical cancer screening voucher for pregnant woman (1)<br><input type="checkbox"/> Dental health checkup voucher for pregnant woman (1)<br><input type="checkbox"/> Newborn hearing screening (1 session)<br><input type="checkbox"/> RSV vaccination pre-examination form (1)<br><input type="checkbox"/> 1-Month-Old infant health checkup voucher (1)<br><input type="checkbox"/> Postpartum health checkup voucher (2) |
|--|--|

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

※ If the person visiting the counter is not the applicant, a power of attorney is required. In such a case, please also complete the section below.

<b>power of attorney</b>	
<b>Representative</b> Name _____ Address _____ Relationship with the person _____	<b>Delegator</b> Name (pregnant/postpartum woman) _____ Address _____
Regarding this notification involving the provision of my personal number, I hereby designate the person listed on the left as my representative and delegate the authority to them.	

【市確認欄】

□住基確認			
本人確認 1点 2点	<input type="checkbox"/> 個人番号カード <input type="checkbox"/> 運転免許証 <input type="checkbox"/> パスポート <input type="checkbox"/> 在留カード <input type="checkbox"/> その他 ( ) <input type="checkbox"/> 保険証 <input type="checkbox"/> クレジットカード <input type="checkbox"/> 各種医療証 <input type="checkbox"/> 住民票の写し <input type="checkbox"/> 学生証、社員証 <input type="checkbox"/> 公共料金の領収書 <input type="checkbox"/> その他 ( )	【☆】	【確認番号】 1. E 2. 地 3. T 4. 赤
個人番号確認	<input type="checkbox"/> 個人番号カード <input type="checkbox"/> 住民票の写し <input type="checkbox"/> 市で個人番号確認、了承		