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

No. –

◎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.

| personal number | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|

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|---|---|---|---|---|
| Furigana | | Date of birth | Age | Occupation |
| Name of pregnant woman | ①Married<br>②Unmarried (marriage registration planned/not planned) | YY MM DD | | |
| Furigana | | Date of birth | Age | Occupation |
| Name of spouse (or partner) | | YY MM DD | | |
| Address | Hino City<br>If you are a foreign national, please state your nationality: | Phone number<br>[Mobile phone number of pregnant woman]<br>[Husband, others] | * Please provide a phone number where you can be reached during the day (weekdays from 8:30 to 17:00) | |

| | | | | | |
|---|---|---|---|---|---|
| Weeks of pregnancy | Weeks | Estimated delivery date | (YY/MM/DD) | Plan to return to your hometown to give birth | ①Yes ②No ③TBD |
| Past pregnancies /childbirths | Number of past pregnancies | ①None ②Yes ( ) times | Number of past childbirths | ①None ②Yes ( ) times | |
| State of pregnancy | ① Single birth<br>② Multiple fetuses<br>(Numberofuses: ) | Fertility treatment received | ①Yes ②No | Testing for sexually transmitted diseases | ①Received ②Not received |
| | | | | Medical check-up for tuberculosis | ①Received ②Not received |
| About the medical institution where you received your pregnancy diagnosis | Medical institution address | | | Medical institution phone number | |
| | Medical institution name | | | Name of doctor or midwife | |

I submit the information above. Date

To: Hino City Mayor

Name of submitter_____ (Relation: _____ )

[Submitter receipt confirmation field]

☐Mother and Child Health Handbook 1 (Language: )
☐Childrearing package guide (管理番号： )
☐Interviewed (Seal)
☐ 妊婦支援給付金の申請（管理番号： ）
※妊娠6～8か月アンケート、電話番号使用の同意あり

☐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）

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

※ 窓口に来た方が本人以外の場合、委任状が必要となりますので以下の欄にもご記入ください

## power of attorney

| 代理人 | | 委任者 | |
|---|---|---|---|
| | 氏名 | | 氏名（妊産婦） |
| | 住所 | | 住所 |
| | 本人との関係 | | |

個人番号の提供を伴うこの届出について、左記のものを私の代理人として定め、その権限を委任します

【市確認欄】

☐住基確認

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