©Please fill in the fields within the bold frame. Also, please answer the Childrearing

No.	-		

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

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.

Questionnaire	on the back.			number							
Furigana			Da	ate of birth	Age		0	ccupat	ion		
Name of pregnant woman	⊕Married ©Unmarried (marriage registration planned/not planned)		١								
Furigana			Da	Age		Occupation					
Name of spouse (or partner)			YY MM DD								
	Hino City	<u> </u>		Phone number	* P		rovide a ph during the	day (we			
Address	If you are a foreign national, please state your	natio	onality:	[Mobile phone number of pregnant woman]  [Husband.others]							
Weeks of	Estimated Weeks delivery			your	n to return nometown to		①Yes	2N	0 (3	3)TBD	
Past	Number of past Was ( )	4:		(YY/MM/DD) Number of past	birth	ana (2	Vaa (	```	+:		
pregnancies /childbirths	pregnancies	times		childbirths					times		
State of pregnancy	① Single birth ② Multiple fetuses (Numberofuses:  (New Yes   Yes   Teatment   Teatment	;	②No	transmitted diseases  Medical check-up for tuberculosis	①Received ②Not received  ①Received ②Not received						
About the medical institution	Medical institution address			Medical institution phone number							
where you received your pregnancy diagnosis	Medical institution name			Name of doctor or midwife							
I su	bmit the information above. Date	;									
To:	Hino City Mayor										
Name of submitter						ation	:			_ )	
[Submitter	receipt confirmation field]										
□Mother and Child Health Handbook 1 (Language: □Childrearing package guide (管理番号: □Ultrasound examination guide (4) □Cervical cancer screening voucher for pregnant woman (1) □妊婦支援給付金の申請(管理番号: □Dental health checkup voucher for pregnant woman (1) □ 新生児聴覚検査(1回分)  I have received the above. Name:											
	来た方が本人以外の場合、委任状が必要となり	± d 0	かで以下の	ーーーー ひ欄にまご記えく	たさい						
<u>ж жис.</u>			atto		./						
代 氏名         女 住所         本人との関係       住所         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 1点 本人確認	□個人番号カード □運転免許証 □パスポート □在留 □その他 ( ) ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	留カート	<b>"</b>	[☆]						認番号】	
2点	□ 保険証 □ クレジットカード □ 各種医療証 □ 住民票の写し □ 学生証、社員証 □ 公共料金の領収 □ 個人番号カード □ ロ住民票の写し □ 市で個人番号確認		□その他 承	(						2.地	