

# Pregnancy Registration

ほ し けんこうてちょうこうふばんごう  
母子健康手帳交付番号

\*Based on Maternal and Child Health Law, we use the "My Number" for notification of pregnancy, delivery of maternal notebook, health check-up.

\*Issued by Japan and is called "My Number"

Please fill in the bold frame.

Name		Date of Birth		Date of Notification	
		Year / Month / Day		Year / Month / Day	
		( ) years old		Occupation	
Certificate of residence		Land-line	( ) -		
		Mobile	( ) -		
Present Address		Multiple Pregnancies			
<input type="checkbox"/> Same as above <input type="checkbox"/> Different to above ( )		<input type="checkbox"/> No · <input type="checkbox"/> Yes			
Expected Date of Delivery		Weeks of Pregnancy			
Year/ Month/ Day		week(s)			
The name of the medical institution where your pregnancy was confirmed.		The place where you plan to deliver.			
		<input type="checkbox"/> In Osaka prefecture <input type="checkbox"/> In other prefecture (Where )			
I was already examined for sexually transmitted diseases	I was already examined for Tuberculosis.	Pregnancy history including the present pregnancy	The number of children ( Not including the present pregnancy)		
<input type="checkbox"/> Yes · <input type="checkbox"/> No	<input type="checkbox"/> Yes · <input type="checkbox"/> No	time(s)	person(s)		
Izumisano City Mayor					
I will file a notification as above. In making a notification, we agree to browse the basic resident register.					
I certify that the information provided above is true and correct to the best of my knowledge.					
Year/ Month/ Day					
Name of applicant (The relationship to the applicant )					
Address					

## 【POWER OF ATTORNEY】

I hereby appoint the above as my attorney in regard to the application and/or receipt of certificate.

Signature

<個人番号確認> 個人番号等の確認書類がとれなかったため、個人番号は未記入。

番号確認方法	<input type="checkbox"/> 個人カード <input type="checkbox"/> 通知カード <input type="checkbox"/> 個人番号記載住民票/記載事項証明書 <input type="checkbox"/> その他( )				
本人確認方法	顔写真付証明書	<input type="checkbox"/> 運転免許証 <input type="checkbox"/> パスポート <input type="checkbox"/> 身体障害者手帳 <input type="checkbox"/> 在留カード <input type="checkbox"/> その他( )			
	顔写真付ではない証明書	<input type="checkbox"/> 保険証・年金手帳 <input type="checkbox"/> 官公署等が発行した書類で、氏名、生年月日又は住所が記載されているもの			
代理人確認	顔写真付証明書	<input type="checkbox"/> 運転免許証 <input type="checkbox"/> パスポート <input type="checkbox"/> 身体障害者手帳 <input type="checkbox"/> 在留カード <input type="checkbox"/> その他( )			
	顔写真付ではない証明書	<input type="checkbox"/> 保険証・年金手帳 <input type="checkbox"/> 官公署等が発行した書類で、氏名、生年月日又は住所が記載されているもの			