

# Pregnancy Registration

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"/> No · <input type="checkbox"/> Yes  |   |                      |  |
| <input type="checkbox"/> Different to above ( )  |  |   |   |                      |  |
| 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<br><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 hereby notify the above and that I am eligible for maternity benefits. Additionally, I consent to the city browsing my Basic Resident Register and sharing my information with medical institutions for support if necessary. 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"/> 資格確認書・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"/> 資格確認書・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   |  |  |  |