

Application to Receive Oshu City Postpartum Care

Date (YYYY/MM/DD): \_\_\_\_\_

To the mayor of Oshu

Applicant's:

Address: \_\_\_\_\_

Name: \_\_\_\_\_ (印)

Phone number: \_\_\_\_\_

I would like to apply for Oshu City Postpartum Care, as described below.

As it relates to Oshu City Postpartum Care, I consent to provide information to those with city authority, and for my household's tax ledger to be examined as needed to check welfare status and municipal tax payment status.

User information	(Furigana) Name	(First pregnancy / Not first)	Date of birth (YYYY/MM/DD) Age	___/___/___ __ (years old)
	Address	Zip code: Oshu City TEL: - -		
	※(Furigana) Child's name	(M / F) Birth order: __	※ Child's birth date	___/___/___
	(Planned) birthing facility		Due date	___/___/___
			※ How many weeks at birth?	___ weeks
		※ Birth weight	___ g	
※ Not required to fill in before birth.				
Any allergies?	No / Yes (Details: _____) (Symptoms: _____)			
Welfare statement	Are you receiving funds related to social welfare, or relating to the Act on Measures on Expediting of Smooth Return of Remaining Japanese in China and for Assistance in Self-Support after Permanent Return to Japan (Act 30 of 1994)? Yes / No			

※以下の欄は、市が記載します。

申請受付 年月日	年 月 日	承認 年月日	年 月 日	承認・不承認
課税状況	課税・非課税・生活保護 ( 月 日福祉課 確認済)			
備考				