

1. This form is used for claiming the mutual society benefit.

この様式は共済組合の給付の申請に使用されます。

2. This form should be completed and signed by the attending physician.

この様式は担当医が書き、かつ署名してください。

Certificate of childbirth
出産証明書

Name of mother (Last, First) (出産者氏名)

Name of child (Last, First) (出産児氏名)

Date of birth (出産年月日)

Expected date of birth (出産予定日)

Place of birth; Name of hospital or clinic (出産場所名)

Condition of birth (出産の状況) (check applicable item)

live birth (出産)

stillbirth (死産)

miscarriage (流産) pregnancy period _____ months (妊娠期間)

Name and address of attending physician (担当医の氏名及び住所)

Name of hospital or clinic (病院名又は診療所名)

Address (住所)

Date (日付)

Signature or seal (署名又は印)
