

様式第2号(第3条関係)

A maternity health record book of an additional (reissue) application form

year month day

To the mayor of Okayama city

I'd like to apply for a maternity health record book of an additional (reissue) by the law of a maternity health in Okayama city.

applicant		address			
		name			telephone
child's name	issue an addition		boy/girl	birthday	/ /
			boy/girl	birthday	/ /
	reissue an application		boy/girl	birthday	/ /
father's name					birthday / /
mother's name					birthday / /
reason	case of issue an addition	How many child do you have? ()			
	case of reissue an application	1 breakage 2 made a book dirty 3 lost a book 4 etc() 5 foreign language version			
	etc				

※ please fill in the bold box

受付窓口処理欄

受 付 年 月 日	年 月 日
追加(再)交付年月日	年 月 日
交 付 場 所	