

Consent form for inquiry regarding overseas childbirth

Lump-Sum Childbirth and Childcare Allowance

Date of childbirth 出産日 _____ (year) / _____ (month) / _____ (day)

Mother (Person who gave birth) 出産者 :

Name 氏名 _____

Address 住所 _____

Date of birth 生年月日 _____ (year) / _____ (month) / _____ (day)

To the City of Toyota:

I, the undersigned birth mother, (出産した者) _____, together with the head of my household, (私の世帯主) _____, hereby give consent for the City of Toyota and its authorized representatives, including commissioned contractors and subcontractors, to contact the medical institution or provider involved in the childbirth.

This authorization is granted for the purpose of verifying the details provided in the application for the Lump-Sum Childbirth and Childcare Allowance, including but not limited to the date, time, and place of birth, as well as the medical or midwifery services rendered.

We consent to the City of Toyota obtaining such information directly from the relevant medical provider or institution in response to these inquiries.

豊田市 御中

私(出産した者)、_____と、私の世帯主、_____は、豊田市の職員あるいは、豊田市が委託(再委託まで含む)した事業者が、出産申請書類にある事実(出産を行った日時、場所、助産行為の内容)を確認するため、申請書類の提供等によって、助産行為を行った者に照会を行い、当該者から照会に対する情報の提供を受けることに同意します。

Certification by mother and personal seal

The mother must enter her name and affix her personal seal. However, in the following circumstances, the designated representative must complete this section instead:

- A parent or legal guardian (if the mother is a minor)
- A court-appointed guardian (if the mother is an adult ward)
- A legal heir (if the mother is deceased)

署名・押印欄

署名・押印は、出産者本人が行って下さい。なお次の場合は、親権者(本人が未成年の場合)、成年後見人(本人が成年被後見人の場合)、法定相続人(本人が死亡している場合)が署名、押印して下さい。

Name 氏名 _____ Inkan
印

Address 住所 _____

Date 日付 _____ (year) / _____ (month) / _____ (day)

Relationship to the mother 出産者との関係 :

<input type="checkbox"/> Self 本人	<input type="checkbox"/> Parent / Legal guardian 親権者
<input type="checkbox"/> Legal heir 法定相続人	<input type="checkbox"/> Other (please specify) その他 []

Note: This consent form is valid for six months from the date of signature.

Please be advised that the relevant medical institution, or national or local authorities in the country where the birth occurred, may require you to complete additional prescribed documents, such as a separate consent form or power of attorney.

※本同意書の有効期限は署名日から6ヶ月間です。

なお、国や地域、医療機関から所定の同意書や委任状などを求められた場合、所定の書類に必要事項を記載頂くことがあります。