

# Birth Certificate ( for applying maternity benefits )

Name of the newborn			
1. Information of the mother			
Name		Date of birth	
Number of alien resident certificate or passport		Nationality	
Address			
Phone number		Mobile phone no.	
2. Information of the spouse of the mother <input type="checkbox"/> N/A			
Name		Date of birth	
Number of alien resident certificate or passport		Nationality	
Address			
Phone number		Mobile phone no.	
3.Sex of newborn	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	4.Duration of pregnancy	
5.Weight at birth		6.Time and date of birth	
7. Order of birth	<input type="checkbox"/> Single birth <input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Others ( Please specify ) Birth order for multiple births : _____		
8. Place of birth	<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> Midwifery clinic <input type="checkbox"/> Home <input type="checkbox"/> Others ____ ( Please specify )		
9.Address of the birth place			
10. Birth attendant	<input type="checkbox"/> Physician <input type="checkbox"/> Midwife <input type="checkbox"/> Others _____ ( Please specify )		
The undersigned confirms that the information contained in columns 1 and 2 is obtained from the mother of the newborn, and the information contained in columns 3-10 is provided based on the facts of this childbirth. Name of the physician/Midwife : _____ Chop/Signature : _____ Certificate no. : _____ Name of the hospital/Clinic (Midwifery clinic) : _____ Stamp : _____ Practitioner's license no. : _____ Address : _____ Date : _____			

※The certificate shall be issued by a licensed physician or midwife, otherwise it shall be considered invalid.

※The certificate shall be issued by a physician or a midwife who has attended the birth in person.

※Please provide correct information about the time and date of birth, duration of pregnancy and weight at birth for the birth certificate.