CERTIFICATE OF LIVE BIRTH

1. CHILD'S NAME: (Last Name)	
(First, Middle Name)	
2. SEX:	□ MALE □ FEMALE
3. DATE OF BIRTH:	/ / (Month / Day / Year)
TIME OF BIRTH:	□AM / □PM :
4. PLACE OF BIRTH: (Name of Hospital)	
(Physical Address)	
5. MOTHER'S NAME: (Mother's Maiden Name:	(First, Middle, LAST)
6. FATHER'S NAME:	
I HEREBY CERTIFY THAT THIS CHILD AND ON THE DATE STATED ABOVE.	(First, Middle, LAST) WAS BORN ALIVE AT THE PLACE AND TIME
(Date)	(Signature)
	(In print)
	□MD □Midwife □Others

Birth Certificate Form Embassy of Japan, Washington DC

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(Date)	(Signature)
	(In print) □MD □Midwife □Others

Birth Certificate Form Embassy of Japan, Washington DC 全てアルファベット又は数字で記入してください。

下記1.~6.までは、誰が記入(代筆)しても構いませんが、書き間 違えた場合は、証明者(医師、助産師)のイニシャルが必要です。

原本2枚提出 が必

が必要です	CATE OF LIVE BIRTH 上段に姓、下段
1. CHILD'S NAME: (LAST Name) _	に名を記入
(First, Middle) _	
2. SEX: 該当する方にレ印をつける	□ MALE □ FEMALE │ 書き間違えたら、 □ 二本線で抹消し
3. DATE OF BIRTH:	/ / / (Month / Day / Year) T、証明する人(医師、助産婦等)の イニシャルが必要
TIME OF BIRTH:	DAM / DPM :
4. PLACE OF BIRTH: (Name of Hospit	fal)
(Physical Addre	ess)
外国人の氏名は、ミドルネームをイニシャル (Michael を M など)にせず、正式なフルネーム	

(Michael を記入。

日本人の氏名は戸籍名をローマ字(名、姓の順)で記入

5. MOTHER'S NAME:

(First, Middle, LAST)

(Mother's Maiden Name:_

6. FATHER'S NAME:

(First, Middle, LAST)

I HEREBY CERTIFY THAT THIS CHILD WAS BORN ALIVE AT THE PLACE AND TIME, AND ON

THE DATE STATED ABOVE.

(Date)

もし、病院の名前や住所を 表示したスタンプがあれ ば、ここに押してもらって ください。

お子さんを実際に取り上 げた、資格のある医師ま たは、助産師の署名を、で きるだけ青インクのペンで お願いします。

(Signature)

看護師(RN)の署 名では受け付けら れませんので、必 ずお子さんを取り 上げた医師から 署名をもらって下

さい。

(In print)

□MD □Midwife □Others

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