



**baby's birthday visit contact form**  
(and low birth weight notification form)

In Hekinan City, when a child born in the city is two months old, maternal and child health promotion staff and others visit the home to say "Congratulations on the birth of a baby." (Implemented based on Article 6-3-4 of the Child Welfare Law)

If you have a certificate of residence in Hekinan City and you **submit a notification of birth to Hekinan City Hall**, please **also submit the contact form on the right**. **Babies born weighing less than 2,500g** (low birth weight infants) in particular need to be given sufficient consideration in terms of their living environment and disease prevention. We will notify you of a low birth weight baby using the contact form on the right.

In addition, for the healthy growth of babies, public health nurses and others visit the homes of babies within the first 28 days of life to provide support for growth, nutrition, childcare, etc.

※If you are submitting a birth notification out of the city, please do so by mail or telephone.

※Submissions are also accepted at the Hekinan City Hall Citizens Division.

※Please refer to "Progress during pregnancy" and "Condition of childbirth" in the Maternal and Child Health Handbook before filling in the information.

※Personal information received will not be used for any other purpose.

**【Notification/Inquiries】**

〒447-0855 Hekinan City Health Center

1-70 Tennocho, Hekinan City

Tel: 0566 - 48 - 3752

CUT THIS LINE

**Happy Birth of a Baby Visit Contact Form**  
(and Low Birth Weight Notification Form)

Mayor of Hekinan City

Reporter address  
Name  
Relationship with infants

I report the following

|                          |   |                       |                                    |   |
|--------------------------|---|-----------------------|------------------------------------|---|
| infant (baby)            | Name  | (birth number )       |                                    |   |
|                          | Date of birth   | Year/Month/Day<br>/ / | gestational age                    | weeks days  |
|                          | Birth weight  | g                     | 性別                                 | male · female                                       |
|                          | place of birth<br>(Name of the hospital etc)  |                       | Discharge date<br>(scheduled date) | Year/month/day<br>/ /<br>(month and day, undecided) |
| pregnant woman (mother)  | Name  |                       |                                    |   |
|                          | Date of birth   | Year                  | Month                              | Day   |
|                          | Actual address  | 〒 (TEL )              |                                    |   |
| contact information etc. | (1) Mark with ○ the items that apply to you.<br>①abnormalities during pregnancy No · Yes ( )<br>②abnormalities during childbirth No · Yes ( )<br>③baby abnormalities No · Yes ( )<br>(2) Do you have any worries or concerns as a (pregnant) mother?<br><br>(3) Do you have any worries or concerns about your baby or child-rearing?<br><br>(4) Others |                       |                                    |   |

\*If you are in a different place from your current address due to a homecoming, etc., please fill in your contact information below.

(Address Prefecture City)  
Mr. TEL )