

**\*If the formalities are being carried out by anyone but the respective person an authorization will be needed!**

## Authorization

Year      Month      Day

**Mayor of Kobayashi City**

### Authorization

Address \_\_\_\_\_

Building \_\_\_\_\_

Full Name \_\_\_\_\_ Seal: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Year      Month      Day      Gender:      M      F

Telephone Number \_\_\_\_\_

**Due to being indisposed to come to the Kobayashi City Hall myself, I hereby authorize the person mentioned below to carry out the formalities in my stead.**

### Appointee

Address \_\_\_\_\_

Building \_\_\_\_\_

Full Name \_\_\_\_\_ Seal: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Year      Month      Day      Gender:      M      F

Telephone Number \_\_\_\_\_

Entrusted Procedure

**\*Please check the corresponding fields.**

- Pregnancy Notification
- Underweight Children Application Form
- Medical Care for Premature Babies Application Form
- Other ( \_\_\_\_\_ )