住所地外接種届　英語版

Application form for vaccination at a place where the address is NOT registered on your resident card (COVID-19)

YYYY / MM / DD

（届出先）東村山市長

Applicant

Full Name（in alphabet and in hiragana ひらがな）＿＿＿＿＿＿＿＿

Address ＿＿＿＿＿＿＿＿

Phone Number ＿＿＿＿＿＿＿＿

Relationship between vaccinator and applicant　☐Self　☐Family member living with vaccinator

☐Other（　　）

Applicant submits this form as below because Vaccinator would like to get vaccinated in Higashimurayama City.

Vaccinator	Hiragana ひらがな		
	Full Name	☐same as Applicant	
	Address registered on resident card	☐same as Applicant	〒
	Address living actually	☐same as Applicant	〒
	Date of Birth	YYYY　MM　DD	
Vaccine Ticket Number（10 digits）			
Vaccination Status		☐Not vaccinated, yet　☐Vaccinated once	
Reason to apply		☐for Business　☐Students living away from families' home　☐Backing parents' home for delivery ☐Some inevitable reasons to live at a different place from the registered address on your resident card. （　　）	
Receiving Address		☐same as Applicant	〒