接種券再発行申請書　英語版

Application form for reissuing vaccination ticket（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（　　）

Please reissue vaccination ticket as below.

Vaccinator	Hiragana ひらがな		
	Full Name	☐ same as Applicant	
	Address registered on the resident card	☐ same as Applicant	〒
	Date of Birth	YYYY　MM　DD	
Vaccination status		☐Not vaccinated, yet　☐Vaccinated once	
Reason to apply		☐ Moving　☐ Losing vaccine ticket　☐ Damaged vaccine ticket　☐ Not registered as a resident　☐Not received vaccine ticket ☐Others（　　）	
Receiving address		☐ same as Applicant	〒