Application and Consent Form for the COVID-19 Vaccination Ticket

SAMPLE

Reiwa year 年 month 月 day 日

To Mayor of Zama City

Name ZAMA TARO

Address Zama-shi Midorigaoka 1-1-1

Phone 046-255-1111

I hereby apply for the Vaccination Ticket stated below.

Reason to apply	☑ Moved in ☐Lost ticket ☐Ticket got damaged ☐Not registered as resident ☐Haven't received ☐Others（ ）				
Please fill in the form below if your reason is "Moved in"					
Name of City/Ward/Town/Village you lived before moving in	Prefecture	都 道 府 県	City/Ward Town/Village	市 区 町 村	
I agree that Zama city confirm my personal information (name, date of birth and gender) with the City/Ward/Town/Village where I lived before moving in to Zama city through the Vaccination Record System.				I agree ☑	
Mailing address to receive ticket	☑ Same as above	〒 (No need to fill in if mailing address is same as above)			

People subject to this application are listed below

	Name	Relation	Date of birth	Gender	Vaccination
1	(ふりがな) ZAMA TARO	himself	Year Month Day 1954 年 4 月 1 日	(M) F	☑ Unvaccinated ☐ Received first dose (Year/Month/Day/)
2	(ふりがな) ZAMA HANAKO	wife	Year Month Day 1955 年 5 月 1 日	M (F)	☑ Unvaccinated ☐ Received first dose (Year/Month/Day)