

# Application Form for Vaccination Certificate of COVID-19

To : Mayor of Setagaya City       Year     Month     Date

Applicant (who submit the form)	Name			
	Address			
	Phone number			
Person who wishes to get the certificate	<input type="checkbox"/> Same as			
	Name			
	Address			
	Applicant's relationship with	example : Parent/Child, Grand parent/Grand child, Company employee		
	Phone number			
Other information	Check desired items			
	Type of certificate	Please select a type of certificate. Person applying for a certificate for "domestic use & international travel" is kindly requested to present travel document (i.e. passport).  <input type="checkbox"/> Domestic use in Japan <input type="checkbox"/> International travel & domestic use in Japan		
	Certificate record you need	<input type="checkbox"/> 1st dose <input type="checkbox"/> 2nd dose <input type="checkbox"/> 3rd dose <input type="checkbox"/> 4th dose <input type="checkbox"/> 5th dose <input type="checkbox"/> 6th dose <input type="checkbox"/> 7th dose		
	Due date ( optional )	<input type="text"/> month <input type="text"/> date  If it is impossible to send it before the designated day, we will contact you by phone.		

Please confirm below:

The name quotes from the MRZ of the passport. If you need another surname or middle name, please enclose a certificate showing it and a note.

MRZ ( Machine Readable Zone ) : at the bottm of the passport identification page.