

Request Form for Issuance (Reissue) of New Coronavirus Vaccination Certificate

Year Month Date

To the Mayor of Chiba City

Address _____

Name _____ (Name) (Signature or Seal)

telephone number _____

Relationship to the inoculated person _____

A copy of the identification document is required for application. If the application is made by a proxy, a letter of attorney and a copy of the proxy's identification document are required. Examples of identification documents: driver's license, my number card (front side), insured person's card, etc.

I would like to request the issuance of a vaccination certificate for the new coronavirus vaccination administered to the following person

1 Target population (vaccinated persons)

| | | | |
|------------------------------------|--|-------|------|
| Address at the time of vaccination | Chiba City | Ward | |
| | <small>If the address is the same as the applicant's, it is not necessary to enter it.</small> | | |
| Name(furigana) | <small>If the address is the same as the applicant's, it is not necessary to enter it.</small> | | |
| | <small>Please put your name at the time of vaccination</small> | | |
| Date of Birth | Year | Month | Date |
| Gurdian's Name | <small>If the address is the same as the applicant's, it is not necessary to enter it.</small> | | |

2 Vaccination date and place

| | |
|------------------|-------------------|
| Vaccination Date | Vaccination Place |
| | |
| | |

3 Reason for requesting an issuance (Please check all that apply)

- Loss or theft of vaccination certificate Other

Please contact or mail to Chiba City Corona Vaccination
 1-1 Chiba Minato, Chuo-ku, Chiba City, Chiba Zip Code 260-8722
 Call Center at 0120-57-8970