

新型コロナウイルス感染症予防接種証明書交付申請書（郵送申請用）
Application Form for the COVID-19 Vaccination Certificate/Passport (by mail)

徳島市長殿

To : The Mayor of Tokushima

Year	Month	Date
年	月	日

① 申請者 Sender	住所 Address	
	(フリガナ) (Furigana)	
	氏名 Name	生年月日(Birthday) 年/YYYY 月/MM 日/DD
	連絡先電話番号 Phone number	(— —)
② どなたの証明が必要ですか Applicant	<input type="checkbox"/> 上記（申請者）と同じ（Same as ①）	
	住所 Address	
	(フリガナ) (Furigana)	
	氏名 Name	生年月日(Birthday) 年/YYYY 月/MM 日/DD
	①申請者②証明する人との関係 ①'s relationship with ②	<input type="checkbox"/> 夫・妻 Husband/Wife <input type="checkbox"/> 父母・子 Parent/Child <input type="checkbox"/> 祖父母・孫 Grandparent/Grandchild <input type="checkbox"/> その他 (Other)
連絡先電話番号 Phone number	(— —)	
③ その他 Other	渡航予定国・地域 Planned travel destination (country/area)	※This passport is only to be issued to those planning to travel. It is also used to gauge potential travel interest.

※職員記入欄 ・本人確認 <input type="checkbox"/> 氏名 <input type="checkbox"/> 住所 <input type="checkbox"/> 生年月日 <input type="checkbox"/> DV ・接種記録の確認 <input type="checkbox"/> 接種済証 <input type="checkbox"/> 接種記録証 <input type="checkbox"/> 予診票の写し ・旅券の確認 <input type="checkbox"/> 姓名 <input type="checkbox"/> 別姓名 <input type="checkbox"/> 旅券番号 <input type="checkbox"/> 有効期限	発行日	発行者

☆ Items to include in the envelope

- Return envelope** (Please write your name/address and stick a poststamp on the envelope)
- Copy of a form of ID**
 - Copy of your (travel) passport (※ it must still be valid)
 - Copy of your COVID-19 vaccine ticket (showing your vaccination number)
 - In the case you are applying through proxy, a copy of the proxy's ID
 - Driver's license (Travel) passport Health insurance card
 - A license, permit, etc. distributed by a governmental office (with picture)
 - My number card Alien registration certificate Residence card
 - Physical Disability Certificate Mental Disability Certificate etc.
- Copy of item proving applicant's vaccination status**
Please include a copy 1 of the following items:
 - Certificate of Vaccination for COVID-19 Vaccination record
 - (Copy of your) Prevaccination Screening Questionnaire
- Power of Attorney**
If the person acting as proxy does not live in the same household as the applicant, you must complete a power of attorney form.

☆ Address to post this envelope to

〒770-8571 徳島市幸町二丁目5番地
徳島市役所 健康福祉部 健康長寿課 企画担当 Tel 088-621-5523