

Disaster Victim Certificate Application Form 罹災証明書交付申請書

To the Mayor of _____ 市長

For inhabited houses only

Date (y/m/d): 2022 年 8 月 15 日

① Applicant 申請者 Person requiring certification (for damages incurred) 証明が必要な方 (被災された方)	1) Address of residence 住所又は所在地	〒 923 - △△△△ Komatsu-shi, ○○-machi, ○-chome, ○-banchi (Building name & unit no. 方書: Ken Haitsu, 201-goshitsu) TEL (123) 456 - 789 HP no. (090) 1234 - 5678 携帯電話
	2) Current location 現在の連絡先 【if seeking refuge elsewhere 避難先】	〒 - / Same as above 同上 (Building name & unit no. 方書:) TEL () - Circle if currently staying at the same location as 1) (do not have to write address again)
	Furigana フリガナ	ルシー スミス
	3) Name (representative) 氏名又は名称 (代表者)	Lucy Smith Anyone residing in affected house can apply (not limited to household head)
	4) Birthdate 生年月日	1970 年 9 月 20 日 (year) (month) (day)
5) Applicant category 申請者区分	<input checked="" type="checkbox"/> Resident 居住者 <input checked="" type="checkbox"/> Owner 所有者 <input type="checkbox"/> Heir 相続人 (Relationship 関係) Tick just "Owner" if renting out property	

※Please fill in the authorization letter behind if a representative is coming on behalf of the applicant.

I apply for disaster victim certification based on the damages to my place of residence detailed below.

② Cause of damage 罹災原因	Noto Earthquake on 1 Jan 2024				
③ Address of damaged house 被災住家の所在地	(アパートやマンションの場合は名称と部屋番号も記入) 小松市 町 丁目 番地 号室 Komatsu-shi -machi -chome banchi goshitsu <input checked="" type="checkbox"/> Same as applicant address 申請者住所と同じ Tick if same address as 1) (leave blank)				
④ State of damage 住家の被害状況	Please list the confirmed damages as specifically as possible E.g: • Cracks in foundation • Partial collapse of external wall • Fallen roof tiles • Several broken windows • Cracks in room wallpaper				

【continues on next page】

⑤ Self-assessment 自己判定方式 Optional	<input type="checkbox"/> Desired 希望します <input type="checkbox"/> Not desired 希望しません	<input type="checkbox"/> I consent to the degree of damage being assessed as “less than 10% (partial damage)” 当該住家の被害の程度が「準半壊に至らない（一部損壊）」であることに合意します	
⑥ Inclusion of household makeup 世帯構成員の表示	<input type="checkbox"/> Not desired 希望しません <input type="checkbox"/> Desired 希望します (names, relation and birthdates of all household members will be shown)		
⑦ Method & location of certificate collection 証明書を受け取る方法場所	<input type="checkbox"/> Post 郵送 【to place of residence provided in 1) 表面 1) の住所地又は所在地】 <input type="checkbox"/> Post 郵送 【to current location (refuge) provided in 2) 表面 2) の現在の連絡先：避難先】 <input type="checkbox"/> Post 郵送 【to representative in authorization letter 委任状の代理人宛へ送付】 <input type="checkbox"/> Collect at service counter 窓口での受け取り <input type="checkbox"/> Post 郵送 【different address specified below 以下（下記へ送付）】	⑧ No. of copies required 証明書の必要な枚数	copies 枚
〒 (Building name & unit no. 方書:	Check one Recommendation: - 3 copies for single-person households - 5 copies for multiple-person households		

<h2 style="text-align: center;">Authorization Letter 委任状</h2>		Fill in this section if someone not staying in the affected house is submitting application on behalf
■ Details of representative coming to service counter		
Address 住所	〒 — (Building name & unit no. 方書:)	
Furigana フリガナ		
Name 氏名		
Birthdate 生年月日	Year: 年 Month: 月 Day: 日	
Relation to applicant 委任者との関係		
TEL 電話番号	() —	
I hereby appoint the above representative to apply for disaster victim certification on my behalf. To the Mayor of Komatsu City (あて先) 小松市長 <div style="text-align: right;">Date (y/m/d): 年 月 日</div>		
■ Applicant (requiring certification for damages) 申請者：証明が必要な方		
Address 住所又は所在地		
Name 氏名又は名称 (代表者)	<div style="text-align: right;">印</div>	