

Applications from Overseas for the Issuance of Health Check Certificates

Atomic bomb survivors living abroad are able to apply for the issuance of Health Check Certificates without visiting Japan, effective on April 1, 2010. Details are as follows.

I What are Health Check Certificates?

- Persons who were in districts listed in Schedule 1 (Hiroshima and Nagasaki), at the time of atomic bombing

→ Please see:

1 Class 1 Health Check Certificates

- Persons who were in districts listed in Schedule 2 (only within 12 km of the ground zero) (Nagasaki only), at the time of atomic bombing

→ Please see:

2 Class 2 Health Check Certificates

1 Class 1 Health Check Certificates

Persons who were in districts listed in Schedule 1 at the time of atomic bombing, including persons who were fetuses thereof at that time, are able to receive the issuance of Class 1 Health Check Certificates, from the Governor of Hiroshima Prefecture, Governor of Nagasaki Prefecture, Mayor of Hiroshima City, or Mayor of Nagasaki City, whichever governs the district in which the applying person was at the time of atomic bombing.

Persons who received the issuance of Class 1 Health Check Certificates, and who have specified disorders (listed in page 3), are able to receive the issuance of Atomic Bomb Survivor's Certificate.

In order to receive this issuance, application must be made for Atomic Bomb Survivor's Certificate, with the submission of a medical certificate by a physician, which states the specified disorder.

- * Despite the name "Health Check Certificates", health check service based on the Law Concerning the Relief to Atomic Bomb Survivors is not provided overseas.
- * However, persons who received the issuance of Class 1 Health Check Certificates, and who have specified disorders, are able to receive the issuance of Atomic Bomb Survivor's Certificate, and are included in the scope of service sending specialized physicians etc. for health

consultation overseas.

2 Class 2 Health Check Certificates

Persons who were in districts listed in Schedule 2 at the time of atomic bombing, including persons who were fetuses thereof at that time, are able to receive the issuance of Class 2 Health Check Certificates, from the Governor of Nagasaki Prefecture or Mayor of Nagasaki City, whichever governs the district in which the applying person was at the time of atomic bombing.

- * Despite the name “Health Check Certificates”, health check service based on the Law Concerning the Relief to Atomic Bomb Survivors is not provided overseas.
- * Persons who received the issuance of Class 2 Health Check Certificates are included in the scope of service sending specialized physicians etc. for health consultation overseas.

(Unlike Class 1 Health Check Certificates, the relevant persons cannot receive the issuance of Atomic Bomb Survivor’s Certificates.)

- * **Information only for persons who plan to move to Nagasaki Prefecture**
In Nagasaki Prefecture, there is a service for assisting local residents who have received the issuance of Class 2 Health Check Certificates, in their medical expenses for specified mental diseases and complications, caused by mental concerns, health concerns regarding radioactivity, etc., due to the experience of atomic bomb (e.g. seeing the light, feeling the blast).
(In order to receive the assistance, application must be submitted to the government of Nagasaki Prefecture/City, reviewed and admitted for the requesting resident.)
Persons who plan to move to Nagasaki Prefecture in the future can apply for this service immediately after moving in, if the issuance of Class 2 Health Check Certificates has already been received.

II Application procedures etc.

1 Submit the application

At the Japanese Embassy or the Consulate General in charge of his or her residential area, applications should be submitted. (In Taiwan, applications are submitted at the Interchange Association Japan. These institutions will be hereafter referred to as “Japanese Consulate, etc.”).

Submission of an application, in principle, should be made in person at the Japanese Consulate, etc. due to identification reasons. Under special conditions, a proxy is allowed to submit an application. (An application by mail will not be

accepted.)

2 Documents required for application etc.

To make an application, the Application Form and documents that verify the survivor's situation at and after the time of atomic bombing are required. Such documents are listed in page 4.

3 About the review

The Japanese Consulate, etc. confirms the identity of the applying person, required documents, any omissions in the documents etc.

The duly submitted application will be forwarded to the Governor of Hiroshima Prefecture, Governor of Nagasaki Prefecture, Mayor of Hiroshima City, or Mayor of Nagasaki City, whichever governs the district in which the applying person was at the time of atomic bombing.

The municipal government that received the documents conducts a review whether the requirements for the issuance of Health Check Certificates are satisfied.

In the review process, inquiry will be made with the applying person, and an interview will be had in the country/region of residence.

4 Issuance of Health Check Certificate

Once the issuance of Health Check Certificate is determined through the review, the Certificate will be issued by way of the Japanese Consulate, etc.

In principle, the applicant should receive the Health Check Certificates in person at the Japanese Consulate, etc. Under special conditions, a proxy is allowed to receive the Certificate. (Issuance by mail is possible.)

If the issuance of Health Check Certificates is turned down through the review, the relevant municipal government will inform thereof to the applicant.

5 Inquiries

For clarification or further information, please inquire at the Japanese Consulate, etc. in your country/region of residence, or the government of Hiroshima or Nagasaki City or Prefecture.

Ministry of Health, Labour and Welfare

Contents

○ Schedule 1 (Class 1 Health Check Certificates).....	1
○ Schedule 2 (Class 2 Health Check Certificates).....	2
○ Specified disorders for which the issuance of Atomic Bomb Survivor's Certificate is receivable	3
○ Procedures for receiving the issuance of Health Check Certificate.....	4
○ Reviewing institution.....	7
○ Contact information.....	8
○ Application Form for the Issuance of Health Check Certificate	9-15
○ Points of Notice and Examples for Filling Out the Application Form for Class I / Class II Health Check Certificate	16
○ Written Agreement	17
○ Statement (for proxy application)	18
○ Power of attorney	19

Schedule 1 (Class 1 Health Check Certificate)

Hiroshima	<p>A Of Yasuno-mura, Shimaki and Danbara</p> <p>B Of Minochi-mura, Saeki-gun; Tsubushi, Kobara, Idegahara, Yanagare, Kusadani, Furumochi, Mori, Shimoidani, Mondeguchi, Kito and Ege</p> <p>C Of Kochimura, Saeki-gun; Uokiri, Nakago, Shimojo, Kamikofukagawa and Shimokofukagawa</p> <p>D Ishiuchi-mura, Saeki-gun</p> <p>E Of Yahata-mura, Saeki-gun; Toshimatsu, Kuchiwada and Takai</p> <p>F Of Kuchimura, Asa-gun; Uga, Takayama, Hongoshimo, Hongonaka, Mikuni, Uokiri, Hongokami, Onoharanaka, Nahara, Onobarakami, Sakaibara and Sainokami</p> <p>G Of Hiura-mura, Asa-gun; Kegini</p> <p>H Toyama-mura, Asa-gun</p> <p>I Of Yasumura, Asa-gun; Chorakuji and Takatori</p> <p>J Tomomura, Asa-gun</p> <p>[Note] Applications should be submitted to the Governor of Hiroshima Prefecture for A, and to the Mayor of Hiroshima City for B through J.</p>
Nagasaki	<p>A Of Fukuda-mura, Nishisonogi-gun; Kakidomarigo, Nakaurago, Tegumago and Kamiurago</p> <p>B Of Shikimi-mura, Nishisonogi-gun; Mukaigo, Kobago and Makinogo</p> <p>C Of Mie-mura, Nishisonogi-gun; Tsumenouchi, Shiraga and Tonokoba</p> <p>D Togitsu-mura, Nishisonogi-gun</p> <p>E Nagayo-mura, Nishisonogi-gun (excluding Kodago and Yoshimutago)</p> <p>F Of Yagami-mura, Nishisonogi-gun; Utsutsukawamyō, Tanokouchi, Satsumajiro, Nakao and Yahazu</p> <p>G Of Himi-mura, Nishisonogi-gun; Kawachimyo</p> <p>H Of Mogi-machi, Nishisonogi-gun; Tadewaramyo, Kobamyo and Tagamimyo</p> <p>[Note] Applications should be submitted to the Governor of Nagasaki Prefecture for D and E, and to the Mayor of Nagasaki City for A, B, C, F, G and H.</p>

Schedule 2 (Class 2 Health Check Certificates)

Nagasaki	<p>A Fukabori-mura, Nishisonogi-gun B Kouyagi-mura, Nishisonogi-gun C Ioujima-mura, Nishisonogi-gun D Shikimi-mura, Nishisonogi-gun (excluding Mukaigo, Kobago and Makinogo) E Mie-mura, Nishisonogi-gun (excluding Tsumenouchi, Shiraga and Tonokoba) F Muramatsu-mura, Nishisonogi-gun G Ikiriki-mura, Nishisonogi-gun H Okusa-mura, Nishisonogi-gun I Kikitsu-mura, Nishisonogi-gun J Yagami-mura, Nishisonogi-gun (excluding Utsutsukawamyō, Tanokouchi, Satsumajiro, Nakao and Yahazu) K Himi-mura, Nishisonogi-gun (excluding Kawachimyo) L Mogi-machi, Nishisonogi-gun (excluding Tadewaramyo, Kobamyo and Tagamimyo) M Koga-mura, Kitatakaki-gun N Toishi-mura, Kitatakaki-gun O Tayui-mura, Kitatakaki-gun</p> <p>[Note] Applications should be submitted to the Governor of Nagasaki Prefecture for Shishigawago of F, and G, H, I and O; and to the Mayor of Nagasaki City for the rest of F, and J, K, L, M and N.</p>
----------	--

[Specified disorders for which the issuance of Atomic Bomb Survivor's Certificate is receivable]

Types of diseases that accompany the dysfunctions	Potential diseases to be covered
(1) Diseases that accompany hematopoietic dysfunctions	<ul style="list-style-type: none"> • Aplastic anemia, Iron deficiency anemia
(2) Diseases that accompany liver dysfunctions	<ul style="list-style-type: none"> • Liver cirrhosis
(3) Diseases that accompany dysfunctions of cellular proliferation	<ul style="list-style-type: none"> • Malignant neoplasms
(4) Diseases that accompany endocrine dysfunctions	<ul style="list-style-type: none"> • Diabetes Mellitus, Hypothyroidism, Hyperthyroidism
(5) Diseases that accompany cerebrovascular disorders	<ul style="list-style-type: none"> • Subarachnoid Hemorrhage, Intracerebral Hemorrhage, Cerebral Infarction
(6) Diseases that accompany cardiovascular dysfunctions	<ul style="list-style-type: none"> • Hypertensive heart diseases, Chronic ischemic heart diseases
(7) Diseases that accompany renal dysfunctions	<ul style="list-style-type: none"> • Nephrotic syndrome, Chronic Nephritis, Chronic renal failure, Chronic Glomerulonephritis
(8) Diseases that accompany visual dysfunctions due to lens opacity	<ul style="list-style-type: none"> • Cataract
(9) Diseases that accompany respiratory dysfunctions	<ul style="list-style-type: none"> • Pulmonary Emphysema, Chronic Interstitial Pneumonia, Pulmonary Cystic Fibrosis
(10) Diseases that accompany motor dysfunctions	<ul style="list-style-type: none"> • Arthritis deformans, Spondylosis deformans
(11) Diseases that accompany digestive tract dysfunctions due to ulceration	<ul style="list-style-type: none"> • Gastric ulcer, Duodenal ulcer

1 Procedures for receiving the issuance of Health Check Certificate

- (1) In order to receive the issuance of Health Check Certificate, please visit the Japanese Consulate etc. in charge of the applicant's residential area, and lodge application by submitting necessary documents including the Application Form for the Issuance of Health Check Certificate, and documents that verify the situation of the applicant's atomic bomb survival, as listed below.

○ Documents required for the application for the issuance of Health Check Certificate

[Documents for application]

- (1) Application Form for the Issuance of Health Check Certificate (filled out, one copy) and its duplicate (one copy)
* Circle either Class 1 or 2.
- (2) Statement on the survivor's situation at the time of atomic bombing etc. (one copy) and its duplicate (one copy)
- (3) Documentation that verifies the survivor's situation at the time of atomic bombing (one copy) and its duplicate (one copy)

Any of the following documents:

- a. Sufferer's certificate of those days, or other certificates issued by public institutions
- b. Letters, photos and/or other records of those days
- c. A certificate issued by a municipal head etc.
- d. A certificate written by at least two third-party persons (excluding relatives within the third degrees)

* If you cannot submit these documents because you do not possess certificates etc., you cannot find a certifier, or for other reasons, you do not have to submit these documents.

* If you were an embryo or fetus of a mother who survived atomic bombing, and if your mother has received the issuance of Health Check Certificate and/or Atomic Bomb Survivor's Certificate, the documents (a) to (d) need not be attached. Instead, please attach a copy or extract of family register that verifies relationship with the mother and the date of birth of the applicant, etc.

- (4) Written agreement to an inquiry survey by the prefectural or municipal authority (one copy) and its duplicate (one copy)

[Documents for verifying identity]

- (5) A valid photographed personal identification document issued by the central or local government of the country of residence of the applicant, or other document with which personal identity can be verified (original) and duplicates (two copies)

Example) Passport, driver's license, certificate of alien registration, work permit, permanent resident visa, resident registration certificate etc.

Or other document that can verify the applicant's identity, such as a certificate issued by a governmental body within a month of lodging application (one copy) and its duplicate (one copy)

Example) A copy or extract of family register, basic certificate, certificate by a notary public, resident permit, residence certificate, etc.

- (6) In the case where personal identification documents cannot prove the applicant's current address, a document that proves the applicant's current address (one copy) and its duplicate (one copy)

Example) Invoice (or receipt) for a public service, an item of mail addressed to the applicant, residence certificate, a copy of resident registration etc.

[In the case where a proxy lodges the application]

In addition to the documents specified in 1) to 4) and 6) above, the following documents will be required.

- a) Statement by the applicant himself or herself stating the reason why he or she cannot lodge the application in person (one copy) and its duplicate (one copy)
- b) A letter of Power of Attorney (one copy) and its duplicate (one copy)
- c) A document that verifies identity of the proxy as described in 5) above
- d) For the applicant, documentation that can verify his or her identity, such as a certificate issued by a governmental body within a month of lodging application (one copy) and its duplicate (one copy)

[Point of notice]

The documents for application listed in 1) to 3) above shall be written, in principle, in Japanese.

If these documents are written in other languages than Japanese, please note that the review of the application will be processed only after documents have been translated into Japanese language at the authority of Hiroshima or Nagasaki City or Prefecture (hereafter referred to as the "4 Prefectures/Cities"). It is feared that the review of application in other language will need more time. It is also possible that delicate descriptions or accuracy may be undermined through the translation process.

- (2) The documents for application should be submitted to the Japanese Consulate etc. in charge of the applicant's residential area. After the confirmation of the applicant's identity and necessary documents, the Japanese Consulate, etc. sends the documents to the 4 Prefectures/Cities that governs the area where you were at the time of atomic bombing^{*1}. The receiving 4 Prefectures/Cities undertake the review.

In the review process, inquiry about the situation at the time of atomic bombing will

be made by the 4 Prefectures/Cities with the applying person or persons who prepared the certificates. An interview will be held in the country, region etc. of the applicant's residence *2.

*1 The documents for application that you submit to the Japanese Consulate, etc. are sent to the authority as listed in (6), which undertakes the review process.

*2 Before an interview is held in the country, region etc. of the applicant's residence, the 4 Prefectures/Cities will contact the applicant directly to adjust the date, time, place etc. of the interview. Subsequently, a person in charge from the 4 Prefectures/Cities will visit the country, region etc. of the applicant's residence to hold an interview.

- (3) If the issuance of Health Check Certificate is determined as a result of review, the Health Check Certificate will be issued to the applicant by the 4 Prefectures/Cities via the Japanese Consulate, etc. in charge of the applicant's residence.

If the issuance of the Health Check Certificate is denied as a result of review, the 4 Prefectures/Cities will notify thereof to the applicant.

Please note that it takes some time after the documents for application were submitted, until the applicant receives the review result.

- (4) If the applicant's address changes, or if the applicant dies, after the application was lodged, and before the review result is notified, please report thereof to the Japanese Consulate, etc. to which the documents for application were submitted, or to the relevant 4 Prefectures/Cities.
- (5) An applicant cannot lodge the application hereof, at the same time as application for the Project for Supporting Visit to Japan for Health Check Certificate Issuance (a project that provides traveling expenses for visiting Japan, to persons who want to apply for the issuance of Health Check Certificate in Japan; hereafter referred to as "Support Project"). If a person, for whom an application for the Support Project is pending, wants to lodge application hereof, he or she shall consult the 4 Prefectures/Cities to which the application for the Support Project has been lodged.

(6) Reviewing institution

Applying person	Reviewing institution (Address the application to:)
1) Person who was in an area listed in Schedule 1	<ul style="list-style-type: none">▪ Person who was in Hiroshima A → Governor of Hiroshima▪ Person who was in Hiroshima B through J → Mayor of Hiroshima▪ Person who was in Nagasaki D or E → Governor of Nagasaki▪ Person who was in Nagasaki A, B, C, F, G or H → Mayor of Nagasaki
2) Person who was in an area listed in Schedule 2 (only Nagasaki)	<ul style="list-style-type: none">▪ Person who was in Shishigawago of Nagasaki F, G, H, I or O → Governor of Nagasaki▪ Person who was in Nagasaki A, B, C, D, E, other than Shishigawago of F, J, K, L, M or N → Mayor of Nagasaki
3) Person who was a fetus of 1) or 2)	Governor of Hiroshima or Nagasaki, or Mayor of Hiroshima or Nagasaki City, either of whom governs the area that corresponds to the location where the person's mother was at the point of atomic bombing

Contact information for Hiroshima Prefecture, Nagasaki Prefecture, Hiroshima City and Nagasaki City

- Hiroshima Prefecture
A-Bomb Survivor Support Section, Health and Welfare Bureau
10-52, Moto-machi, Naka-ku, Hiroshima-shi
Phone: +81-82-228-9901 (direct line)
Fax: +81-82-228-3277

- Nagasaki Prefecture
Measures for A-Bomb Survivors Division, Department of Welfare and
Public Health
2-13, Edo-machi, Nagasaki-shi
Phone: +81-95-895-2475 (direct line)
Fax: +81-95-895-2578

- Hiroshima City
Support Section, A-Bomb Damage Control Department, Health and Welfare Bureau
6-34, 1-chome, Kokutaiji-machi, Hiroshima-shi
Phone: +81-82-504-2193 (direct line)
Fax: +81-82-504-2257

- Nagasaki City
Support Division, A-Bomb Damage Control Department
2-22, Sakura-machi, Nagasaki-shi
Phone: +81-95-829-1149 (direct line)
Fax: +81-95-829-1148

**Application Form for the Issuance of Class I / II
Health Check Certificate**

Domicile of origin: _____

Postal code: _____

Address of residence: _____

Phone number: _____

Name: _____
(Seal or signature)

Date of birth: ____ / ____ / ____ (DD/MM/YY)

To: Governor / Mayor of _____

I hereby apply for the issuance of Class I / II Health Check Certificate under Article 2 of the Law Concerning the Relief to Atomic Bomb Survivors, with the attached documents for application.

Date: ____ / ____ / ____ (DD/MM/YY)

Statement

To: _____

Date: / / (DD/MM/YY)

Address of residence: _____

Name: _____

(Seal or signature)

Date of birth: _____

I hereby explain my situation at the time of atomic bombing as follows.

The content of this Statement is true and correct.

If it is uncovered that this Statement is untrue, I pledge that I will take all the pertaining responsibilities, including the return of the Health Check Certificate.

1 Situation at the time of atomic bombing

If you were too young at that time to recognize the detail, please ask someone who knows the detail. If you were an embryo or fetus at the time of atomic bombing, please explain the situation of your natural mother.

(1) Address or place of evacuation at that time

_____, ____ cho-me, ____ -mura / -cho / -machi, ____ City / County, ____ Prefecture

(2) Domicile of origin at that time

_____, ____ cho-me, ____ -mura / -cho / -machi, ____ City / County, ____ Prefecture

(3) Householder's name and relationship with you at that time

Householder: _____ Relationship: _____

(4) Your age at that time

____ years old

(5) Name of your workplace, troop, school (including the one in the evacuation place), grade etc.

(6) Your family situation at that time ("Relationship" refers to relationship with the applicant.)

List all the family members including you, and the ones who were in service, living separately, during evacuation, etc. (Please include the persons who have died.)

Relationship	Sex	Name at that time Date of birth	Occupation (employer) or school at that time	Address at that time	Where the person was at the time of atomic bombing (Municipal name at that time)	Whether the person has the Atomic Bomb Survivor's Certificate, and the Certificate No. if the person has	Present address and surname (Date of death if the person has died)
Applicant		(DD/MM/YY)					
	Male/ Female	(DD/MM/YY)				Yes / No / Unknown ()	
	Male/ Female	(DD/MM/YY)				Yes / No / Unknown ()	
	Male/ Female	(DD/MM/YY)				Yes / No / Unknown ()	
	Male/ Female	(DD/MM/YY)				Yes / No / Unknown ()	
	Male/ Female	(DD/MM/YY)				Yes / No / Unknown ()	
	Male/ Female	(DD/MM/YY)				Yes / No / Unknown ()	

(7) -Symptoms experienced within six months of atomic bombing (Circle applicable numbers.)

- | | | | |
|---------|----------------|------------|--|
| 1 Burn | 2 Injury | 3 Diarrhea | 4 Bleeding from gum, spots in the skin |
| 5 Fever | 6 Loss of hair | 7 Anemia | 8 Nothing |

2 Survivor's situation at the time of atomic bombing

(1) Where were you at the time of atomic bombing (the moment of the explosion of the atomic bomb)?

_____, _____ cho-me, _____ -mura / -cho / -machi, _____ City / County, _____ Prefecture

* Landmark etc.:

(2) What were you doing there?

.....

.....

.....

.....

.....

.....

.....

.....

(3) If you had company at the time of atomic bombing, please list the name, relationship with you, alive or dead status, possession of the Atomic Bomb Survivor's Certificate and Health Check Certificate, etc. for each of the relevant persons.
If you did not have company, indicate "None".

Name	Surname at that time	Relationship with you	Alive or dead	Possession of the Certificates	Remarks (Certificate No. etc.)
.....	Yes / No / Unknown
.....	Yes / No / Unknown
.....	Yes / No / Unknown
.....	Yes / No / Unknown
.....	Yes / No / Unknown
.....	Yes / No / Unknown
.....	Yes / No / Unknown

(4) Please describe the situation where you were at the time of atomic bombing.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

6 Present family status

Relationship	Name	Date of birth	Whether the person has the Atomic Bomb Survivor's Certificate, and the Certificate No. if the person has
Applicant			
			Yes (Certificate No.) / No
			Yes (Certificate No.) / No
			Yes (Certificate No.) / No
			Yes (Certificate No.) / No
			Yes (Certificate No.) / No
			Yes (Certificate No.) / No
			Yes (Certificate No.) / No
			Yes (Certificate No.) / No

7 Certifiers

* If you cannot attach certificates by two third party persons, please describe the reason.

* If this Statement was written by a person other than the applicant, please fill out the following:

Name of the person who wrote for the applicant: _____ (Seal or signature)

Address of residence: _____

Relationship with the applicant: _____ Phone: _____

Reason for writing for the applicant:

Points of Notice and Examples for Filling Out the Application Form for Class I / Class II Health Check Certificate

* Please fill out the Application Form as specifically as possible.

Page	Item	Points of notice	Examples
9	Date	Indicate the date when you submit the Application Form to the office.	
10	1-(1) Address or place of evacuation at that time	If you had been evacuated at that time, please write the address of the evacuation site.	
11	2 Situation at the time of atomic bombing	(2) Write what you were doing at the time of atomic bombing.	Although it was summer vacation, August 6 was a school day. We were waiting for the class to start in the classroom.
		(3) Please include the persons who have died.	
		(4) Please describe how you reacted, what the situation was like etc.	We saw a flash, and heard big sound after a while. We wondered what happened, looked out of the classroom window, and saw a mushroom cloud in the direction of Hiroshima.
12	3 Black rain (please answer if you were in the relevant districts of Hiroshima at the time of atomic bombing)	(2) Please describe what you were doing when the black rain fell. If the information is the same as what you described in "2. Situation at the time of atomic bombing" in the previous page, simply reply "Same as the previous page".	The class had been canceled, and we were on our way home as instructed by the teacher.
		(3) Please include the persons who have died. If the information is the same as what you described in "2. Situation at the time of atomic bombing" in the previous page, simply reply "Same as the previous page".	
		(4) Please describe how you reacted, what the situation was like etc. Also, please describe what you did on that day after the black rain fell, in chronological order.	On our way home, rain started to fall when I passed by XX's home. The white shirt that I was wearing turned black when soaked with the rain. I was surprised and rushed home. Subsequently, I went to the mountain with nearby friends, and played together until it became dark.
13	4 If you were an embryo or fetus at the time of atomic bombing	Please answer if you were an embryo or fetus at the time of atomic bombing, and were born on not later than May 31, 1946 (June 3, 1946 for Nagasaki), and if your natural mother was in the relevant districts at the time of atomic bombing. If your natural mother has not received Atomic Bomb Survivor's Certificate or Class I / Class II Health Check Certificate, reply "No" in the field B, "Certificate No."	
	5 Others	Please describe any other useful information.	
14	6 Present family status	Please list the persons who live together with you.	

Points of Notice and Examples for Filling Out the Certificate

Item	Points of notice	Examples
Date	Please ensure to indicate the date of certification.	
About the certifier	<ul style="list-style-type: none"> Where the certifier was at the time of atomic bombing Where the certifier was when the black rain fell Please indicate as specific information as possible, such as the municipal name at that time.	<ul style="list-style-type: none"> Where the certifier was at the time of atomic bombing: People's School in XX, YY-mura, ZZ-gun Where the certifier was when the black rain fell: On a forest road in AA, BB-mura, CC-gun
About the applicant	Applicant's name	Please indicate the applicant's present name, not using the surname at that time.
	Relationship with the applicant	Please specify, not just a "friend" or "neighbor". The applicant and I were classmates and neighbors. I know her very well because we were friends on a family-to-family basis.
	Where the applicant was at the time of atomic bombing	Indicate where the applicant was at the time of atomic bombing in 1), and where the applicant was when the black rain fell in 2). Also, please specify what the certifier knows about the applicant, including "When", "Where", "In What Situation", and "What Happened". 1) _____, _____ cho-me, _____ -mura / -cho / -machi, _____-gun 2) _____, _____ cho-me, _____ -mura / -cho / -machi, _____-gun August 6 was a school day. When the atomic bomb fell, the applicant and I were waiting for the class to start in the classroom of the XX People's School. Subsequently, we were instructed to go home. On our way home, when we were walking down the forest road in YY district, rain started to fall.

Written Agreement

Date: _____ / _____ / _____ (DD/MM/YY)

To: _____

Address of residence: _____

Name: _____

(Seal or signature)

Date of birth: _____

For the purpose of application for the issuance of Class I / Class II Health Check Certificate, I hereby agree to the inquiry survey of a copy of family register, school register etc. at public agencies and other related organizations, concerning me or my relatives, by Governor / Mayor of _____, as necessary for the verification of situation of my atomic bomb survival.

Power of Attorney

Date: _____ / _____ / _____ (DD/MM/YY)

To: _____

The principal:

Address of residence: _____

Name: _____

(Seal or signature)

Date: _____

I hereby entrust the agent named below with complete power of attorney over matters concerning the submission of documents necessary to apply for the issuance of Class I / II Health Check Certificate.

The agent:

Address of residence:

Name:

_____ (Seal)

Signature:
