

REQUEST FORM (DC, MD, VA residents only)

Request date (YYYY-MM-DD) _____

Full Name	(Last Name) (First Name)			
Mailing Address	(STREET) (CITY/COUNTY) (STATE) (ZIP)			
Email Address				
Phone Number	Home () —	Cell () —		

Please write the numbers of Death Registration form(s) that you are requesting. Two forms per person are required to submit the Death Registration.

Death Registration		Nationality of the Concerned Person	(Japan, U.S. etc.)
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Please mail this request form and a self-addressed return envelope (9.5"×12.5") with your name, address and the appropriate postage (four forever stamps).

(Mailing address)
 Koseki-Kakari
 Consular Section/Embassy of Japan
 2520 Massachusetts Avenue, NW
 Washington, D.C. 20008
 (Contact: (202) 238-6800)