

REQUEST FORM (DC, MD, VA residents only)

Request date (YYYY-MM-DD) _____

Full Name on Koseki	(Last Name in Japanese) (First Name in Japanese) (Maiden Name)							
Full Name on foreign passport	(Last Name)		(First Name)					
Japanese Passport Number			US Passport Number					
Date of Birth	(YYYY-MM-DD)	Sex	M	F	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">Have you submitted Zairyu-Todoke</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>	Have you submitted Zairyu-Todoke	Yes	No
Have you submitted Zairyu-Todoke	Yes	No						
Mailing Address	_____ (STREET) (CITY/COUNTY) (STATE) (ZIP)							
Email Address	_____							
Phone Number	Home	() —	Cell	() —				

Please write the numbers of form/Todoke(s) that you are requesting. Two forms per person are required.

①Kokuseki-Soushitsu Todoke	
②Kokuseki-Ridatsu Todoke	
③Kokuseki-Sentaku Todoke	

Reason for acquiring a foreign nationality and the date the foreign nationality was acquired.

Acquired Foreign Nationality			Acquired Date (YYYY-MM-DD)	
Reason for Acquiring Foreign Nationality	<input type="checkbox"/> Birth <input type="checkbox"/> Marriage <input type="checkbox"/> By own will (Naturalization) <input type="checkbox"/> Other (Please write the reason: _____)			

Please check all that apply.

<input type="checkbox"/> Spouse has foreign nationality (Spouse's Nationality: _____)	
<input type="checkbox"/> Child(ren) who has (have) Japanese Nationality	(Full Name: _____ DOB: _____)
	(Full Name: _____ DOB: _____)
	(Full Name: _____ DOB: _____)

Please mail this request form and a self-addressed return envelope (9.5"×12.5") with your name, address and the appropriate postage (three forever stamps).

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