Travel to Japan Support Program Usage Application

Date: Month Day 20 Year

I hereby submit the related documents in order to visit Japan to receive:

- 1) an Atomic Bomb Survivor's Handbook
- or
- 2) medical treatment in Japan
- (Please circle the applicable reason)

Addressee - The Mayor of Hiroshima

Name					Gender	
Last	First		Middle		M F	
Signature						
Country of Residence						
Current Address						
Tel ()		Fax ()	
Date of Birth						
Date: Month	Day	Year		Age:		
Currently in possession of:						
Atomic Bomb Survivor's Handbook Yes					No	
Atomic Bomb Survivor's Handbook no.:					-	
Atomic Bomb Survivor Statement of Recognition Yes					No	
Atomic Bomb Survivor Statement of Recognition no.:						
Issuing prefecture/city						