

Reception No. _____

_____ Evacuation Site

Evacuee Reception Form

Reception Date (YYYY/MM/DD): _____

Address	Nerima-ku, machi/cho, chome, ban, go,				
	(Building / Room No.)				
	Tel.		Cellphone		
Evacuee's Name		Write down in Notes if you or your family... - have any disease or medical problem. - have an occupation or license that may be helpful for supporting our evacuation life			
Name	Male / Female	Relationship (Family Structure)	Birth Date (yyyy/mm/dd) / Age	Notes	Lodging
	M / F		/ / (age:)		Yes / No
	M / F		/ / (age:)		Yes / No
	M / F		/ / (age:)		Yes / No
	M / F		/ / (age:)		Yes / No
	M / F		/ / (age:)		Yes / No
	M / F		/ / (age:)		Yes / No

Make sure to write down every one of your family in the form above whether or not you need lodging.

NOTE:

Fleet Number:

Shelter Leaving Date (yyyy / mm / dd) / /	You're going to live in ... Your Home / Family Home / Other () Address: Tel.
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Administrative Use Only	Shelter: Gym Library School building: 1st FL 2nd FL
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