

Evacuee Registration Card

避難所名	Toyoake Shogakkou	受付番号
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記入日 Date recorded	YY / MM / DD	記入者 Name	Toyoake Tarou	
住所 Address	〒 〇〇〇 - 〇〇〇〇 Toyoake shi Shinden cho Komotimatsu 1 - 1		自治会・町内会名 Residents' association/ town council	
	Toyoake Chonakai			
電話 Tel.	(〇〇〇) 〇〇〇 - 〇〇〇〇	自宅の被害 状況 Post-disaster home condition	<input checked="" type="checkbox"/> 全壊 Completely destroyed	
携帯 Cell phone	(〇〇〇) 〇〇〇〇 - 〇〇〇〇		<input type="checkbox"/> 半壊 Half-destroyed	
FAX	(〇〇〇) 〇〇〇 - 〇〇〇〇		<input type="checkbox"/> 一部損壊 Partially destroyed	
E-mail	△△△ @ 〇〇. ××. □□		<input type="checkbox"/> 全焼 Completely burned	
その他連絡先 Other contacts (Relatives, etc.)	〒 〇〇〇 - 〇〇〇〇 〇〇 ken 〇〇 shi 〇〇 cho Aichi Yutaka (son)		滞在を希望 する場所 Desired location of stay	<input type="checkbox"/> 半焼 Half-burned
	(〇〇〇) 〇〇〇 - 〇〇〇〇			<input type="checkbox"/> 床上浸水 Flooding above floor level
			<input type="checkbox"/> 流出 Washed away <input type="checkbox"/> その他 Other	
			<input checked="" type="checkbox"/> 避難所 Evacuation site	
			<input type="checkbox"/> テント (避難所敷地内に設営) Tent (on evacuation site grounds)	
			<input type="checkbox"/> 車両 (避難所敷地内に駐車) Vehicle (on evacuation site grounds)	
			<input type="checkbox"/> 避難所以外の場所 Location outside evacuation site (自宅 home / 他 other)	

避難所を利用する人 (避難所以外の場所に滞在する人も記入) Family members using evacuation site facilities (including those staying outside the site).					日本語 能力 Do you speak Japanese?	特に配慮が必要なこと Special circumstances (Injury, illness, disabilities, allergies, pregnancy, languages you can speak, etc.)	安否確認 必須 Would you like confirmation of your safety made publically available?
氏名 Name	生年月日/ 年齢 Date of birth and age yy/mm/dd (yrs)	性別 Sex	国籍 Nationality	在留資格 Status of residence			
世帯主 Head of household Toyoake Tarou	/ / (66)	男 (M) 女 (F)	Japanese		yes / no / a little	High blood pressure	yes / no
Toyoake Aiko	/ / (60)	男 (M) 女 (F)	Japanese		yes / no / a little	Presbyopia	yes / no
Toyoake Yukie	/ / (91)	男 (M) 女 (F)	Japanese		yes / no / a little	With disabilities in the foot	yes / no
	/ / ()	男 (M) 女 (F)			yes / no / a little		yes / no

避難所運営に協力できること Ways you can contribute to evacuation shelter operations (Qualifications, licenses, skills, etc.)

ペットの状況 Do you have any pets?	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	種類 (頭数) Type and no. of animals	<input type="checkbox"/> 同行希望 (ペット台帳に記入) We want to keep our pet(s) with us (please complete pet registration) <input type="checkbox"/> 置き去り We left our pet(s) at home <input type="checkbox"/> 行方不明 We do not know the whereabouts of our pet(s)
自家用車 (避難所に駐車する場合) Family car (if parked within the evacuation site)	車種 Type	色 Color	ナンバー License plate no.

Complete one sheet per household (family) and submit it to the general reception desk. Since the information recorded will be used for support purposes, such as the distribution of food/supplies and healthcare management, it will be shared as needed for evacuation site operations. It will also be submitted to the municipal disaster control headquarters and used for the disaster victim ledger the municipality maintains.