

# Request for Copies of Immunization Certificates

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]

[Recipient's Name]

[Recipient's Title]

[Institution Name]

[Institution Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I hope this message finds you well. I am writing to formally request copies of my immunization certificates. I need these documents for [explain reason, e.g., employment, school enrollment, travel, etc.].

My details are as follows:

- Name: [Your Full Name]
- Date of Birth: [Your Date of Birth]
- Address: [Your Address]

Please let me know if there are any forms to be filled out or any fees associated with this request. I appreciate your assistance and look forward to your prompt response.

Thank you very much.

Sincerely,

[Your Name]