

Request for Vaccination Record Duplicates

Date: _____

To Whom It May Concern,

I hope this message finds you well. I am writing to request a duplicate of my vaccination record. My name is **[Your Full Name]**, and my date of birth is **[Your Date of Birth]**.

For verification purposes, my identification number is **[Your Identification Number]**. I require this duplicate record for **[Specify Purpose, e.g., travel, school enrollment, etc.]**.

Thank you for your assistance in this matter. I can be reached at **[Your Phone Number]** or **[Your Email Address]** for any further information needed.

Sincerely,

[Your Full Name]

[Your Address]