5. Person who is considered to live together with the child

*Please provide information about a person who have possibility to live together with the child except the person who is considered to be interfering with the visitation or contacts with the child(indicated in 3)

Name	English	Last name	Middle name(if any)	First name	
	Japanese (Chinese character. if possible)	Last name	First name		
	Other Language (if any)	Language name	Last name	Middle name(if any)	First name
Alias(if any)		Last name	First name		
Date of birth		Day	Month	Year	
Nationality			Occupation		
Relation with the child		☐ Father ☐ Mother ☐ Other ( )			
Place of birth (if Japanese, registered domicile)		Country	Address		
Current domicile or residence		Country	Address		
Telephone no.		Country code + ( ) — (0) — —			
Mobile Telephone no.		Country code + ( ) — (0) — —			
Fax no.		Country code + ( ) — (0) — —			
E-mail address		@			
Passport (Please provide information of all passport possessed)		Issuing country	No.	Expire date Day Month Year / /	
Description		Height	Weight	Color of hair	Color of eyes
		Other			
Claim to victimhood of domestic violence		☐ This person is claiming or might be possible to claim to victimhood of domestic violence. ☐ This person is not claiming and will not claim to victimhood of domestic violence.			
Other useful information to identify the location		Ex: Person who might be able to provide additional information (name, address, telephone no., e-mail addresses, relation with the this person) , place of work etc.			