

(To) The Mayor
of the City of Ota

Date: 年 月 日 (year/month/day)

受 付	発 行	交 付

① Applicant (Person coming to apply.)						For Corporation:	
Address	<input type="checkbox"/> Gunma-Ken Ota-Shi	Kana		Date of Birth	(year / month / day)	Corp. Address	
		Full Name	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 0 auto; text-align: center; line-height: 40px;"> 印 </div>		年 月 日	Corp. Name	
				TEL			
				Corp. TEL			Name of Corp. Rep.
(No need to stamp if filled in by the person.)							

RESIDENCE RECORD "Juuminhyou"			
Address	<input type="checkbox"/> Same as box ① (above).		
	Ota-Shi		
	Name of Building:		
(Person on Certificate's) Kana	<input type="checkbox"/> Same as box ① (above).		
Full Name			
Date of birth	(year / month / day) 年 月 日		
Relationship w/ ①	<input type="checkbox"/> Applicant Themselves <input type="checkbox"/> Member of the Household <input type="checkbox"/> Other () <input type="checkbox"/> Power of Proxy		
All Members	Partly <small>(Individual / One Form)</small>	"Johyou" <small>(Moving-Out / Death)</small>	"Kisai Jikou Shoumeisho"
copy (-ies)	copy (-ies)	copy (-ies)	copy (-ies)
Required Information			
Check the box(es) for all information you need and write their name if necessary.			
<input type="checkbox"/> All <input type="checkbox"/> Omit everything (<input type="checkbox"/> Head of Household / Relationship <input type="checkbox"/> Reg. Domicile / Holder)			
Information on Foreign Residents:			
<input type="checkbox"/> All (<input type="checkbox"/> Nationality/Area <input type="checkbox"/> "Zairyuu" Card No. <input type="checkbox"/> Status/Period/Expiry Date <input type="checkbox"/> Article 30-45 Reg. Classification)			
<input type="checkbox"/> My Number (All / Name who needs:) <input type="checkbox"/> Resident Rec. Code			
Where to Submit and Purpose <Fill in if you need My Number info.>			
<input type="checkbox"/> Employer <input type="checkbox"/> Tax Office <input type="checkbox"/> Other ()	<input type="checkbox"/> Bank <input type="checkbox"/> Gov. Office <input type="checkbox"/> Other ()	<input type="checkbox"/> App. for Dependent <input type="checkbox"/> App. for SC Hlth Ins <input type="checkbox"/> Other ()	<input type="checkbox"/> Open Account <input type="checkbox"/> Intl Remittance
Remarks:			

FAMILY REGISTER incl. "Koseki"					
Registered Domicile	<div>Ota-Shi町番地番</div>				
Full Name of Holder "Hittousha"					
(Person on Certificate's) Full Name	<div><input type="checkbox"/> Same as box ① (above).</div>				
Date of birth	(year / month / day)年 月 日				
Relationship w/ ①	<div><input type="checkbox"/>Applicant Themselves<input type="checkbox"/>Husband<input type="checkbox"/>Wife<input type="checkbox"/>Child<input type="checkbox"/>Parent<input type="checkbox"/>Grandchild<input type="checkbox"/>Grandparent<input type="checkbox"/>Other (<input type="checkbox"/>Power of Proxy)</div>				
Koseki Touhon	Koseki Shouhon	Kaisei Genkoseki	Joseki		
copy (-ies)	copy (-ies)	copy (-ies)	copy (-ies)		
"Joseki" All	"Joseki" Individual	"Fuhyou" All	"Fuhyou" Individual		
copy (-ies)	copy (-ies)	copy (-ies)	copy (-ies)		
For "Fuhyou," Registered Domicile/Holder			<div><input type="checkbox"/> Stated.<input type="checkbox"/> Not stated.</div>		
Scope of Claim Required	From () to ()			copy (-ies) each.	
()	()	()			
"Kisai Jikou Shoumeisho"	"Juri Shoumeisho"				
copy (-ies)	copy (-ies)		copy (-ies)		
Remarks:					

<div style="display: flex; justify-content: space-between;"> ※ In making the application, please also attach your Personal Seal Registration Card. </div>			
<div style="border: 1px solid black; padding: 2px;">Registration No.</div>	<div style="display: flex; justify-content: space-around; font-size: 1.5em;"> 第 号 </div>	<div style="border: 1px solid black; padding: 2px;">No. of Copies</div> <div style="border: 1px solid black; padding: 2px; text-align: center; margin-top: 10px;"> copy (-ies) </div>	
<div style="background-color: #f0f0f0; padding: 5px;"> Applicant (If a proxy is applying, fill in registrant information below.) </div>			
<input type="checkbox"/> Same as box ① (above).		<input type="checkbox"/> Proxy	
Registrant	Address	<input type="checkbox"/> Same as box ① (above).	
	Full Name		
	Date of birth	(year / month / day) <div style="display: flex; justify-content: space-around; width: 100%;"> 年 月 日 </div>	
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FOR CITY'S USE </div> <div style="width: 60%;"> 使用目的 </div> </div>			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 20%;"><input type="checkbox"/> 運転免許</div> <div style="width: 20%;"><input type="checkbox"/> 車登録</div> <div style="width: 20%;"><input type="checkbox"/> 入管</div> <div style="width: 20%;"><input type="checkbox"/> 扶養申請</div> <div style="width: 20%;"><input type="checkbox"/> 相続</div> <div style="width: 20%;"><input type="checkbox"/> パスポート</div> <div style="width: 20%;"><input type="checkbox"/> 登記</div> <div style="width: 20%;"><input type="checkbox"/> 年金</div> <div style="width: 20%;"><input type="checkbox"/> 金融機関</div> <div style="width: 20%;"><input type="checkbox"/> 税関係</div> <div style="width: 20%;"><input type="checkbox"/> 勤務先</div> <div style="width: 20%;"><input type="checkbox"/> その他 ()</div> </div>			
本人確認書類			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 25%;"><input type="checkbox"/> 運転免許証</div> <div style="width: 25%;"><input type="checkbox"/> マイナンバーカード</div> <div style="width: 25%;"><input type="checkbox"/> 在留カード等</div> <div style="width: 25%;"><input type="checkbox"/> パスポート</div> <div style="width: 25%;"><input type="checkbox"/> 保険証</div> <div style="width: 25%;"><input type="checkbox"/> 聞き取り</div> <div style="width: 25%;"><input type="checkbox"/> その他 ()</div> </div>			
Important Notice:			
To verify the identity of the person who comes to the counter, please present one I.D. with a photograph (e.g., resident "Zairyuu" card, driver's license) or two I.D.s without a photograph (e.g., health insurance card) issued by a government or municipal office with the application form.			
When applying by proxy, a power of proxy from the person who needs a certified copy of their residence record or others (incl. family register) is required.			
Persons who falsely or otherwise fraudulently obtain various certificates are liable to a penalty (e.g., a fine of up to 300,000 yen). (Article 46 of the Residential Basic Book Act or Article 135 of the Family Register Act.)			