

**Application Form for CERTIFICATES of RESIDENCE, FAMILY REGISTER,
PERSONAL SEAL REGISTRATION and Other Related Records**

(To) The Mayor
of the City of Ota

太田市役所 市民課
「住民票・戸籍・印鑑登録証明書等交付申請書」・英語版

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	(印)	Date of Birth	(year / month / day)	Corp. Address	
		Full Name		TEL	年 月 日		
(No need to stamp if filled in by the person.)						Corp. TEL	Name of Corp. Rep.
						(印)	

RESIDENCE RECORD "Juuminhyou"				FAMILY REGISTER incl. "Koseki"				PERSONAL SEAL "INKAN" REGISTRATION				
Address	<input type="checkbox"/> Same as box ① (above). Ota-Shi			Registered Domicile	Ota-Shi 町 番地			Registration No.	※ In making the application, please also attach your Personal Seal Registration Card.			
	Name of Building:								No. of Copies			
(Person on Certificate's) Kana	<input type="checkbox"/> Same as box ① (above).			Full Name of Holder "Hittousha"				Applicant				
									copy (-ies)			
Full Name				(Person on Certificate's) Full Name	<input type="checkbox"/> Same as box ① (above).			Registration No.	If a proxy is applying, fill in registrant information below.			
									copy (-ies)			
Date of birth	(year / month / day) 年 月 日			Date of birth	(year / month / day) 年 月 日			Address	<input type="checkbox"/> Same as box ① (above).			
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)			Relationship w/ ①	<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)				Full Name	<input type="checkbox"/> Same as box ① (above).		
All Members		Partly (Individual / One Form)	"Johyou" (Moving-Out / Death)	"Kisai Jikou Shoumeisho"	Koseki Touhon	Koseki Shouhon	Kaisei Genkoseki	Joseki	Full Name	<input type="checkbox"/> Same as box ① (above).		
		copy (-ies)	copy (-ies)	copy (-ies)	copy (-ies)	copy (-ies)	copy (-ies)	copy (-ies)		<input type="checkbox"/> Same as box ① (above).		
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"/> All <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"/> Bank	<input type="checkbox"/> App. for Dependent	<input type="checkbox"/> Open Account	<input type="checkbox"/> "Kisai Jikou Shoumeisho"		<input type="checkbox"/> "Juri Shoumeisho"	<input type="checkbox"/> From () to ()		<input type="checkbox"/> copy (-ies) each.	FOR CITY'S USE 使用目的	
<input type="checkbox"/> Tax Office		<input type="checkbox"/> Gov. Office	<input type="checkbox"/> App. for SC Hlth Ins	<input type="checkbox"/> Intl Remittance							<input type="checkbox"/> 運転免許 <input type="checkbox"/> 車登録 <input type="checkbox"/> 入管 <input type="checkbox"/> 扶養申請 <input type="checkbox"/> 相続 <input type="checkbox"/> パスポート <input type="checkbox"/> 登記 <input type="checkbox"/> 年金 <input type="checkbox"/> 金融機関 <input type="checkbox"/> 税関係 <input type="checkbox"/> 勤務先 <input type="checkbox"/> その他 ()	
<input type="checkbox"/> Other ()		<input type="checkbox"/> Other ()									本人確認書類	
Remarks:												
<input type="checkbox"/> 運転免許証 <input type="checkbox"/> マイナンバーカード <input type="checkbox"/> 在留カード等 <input type="checkbox"/> パスポート <input type="checkbox"/> 保険証 <input type="checkbox"/> 聞き取り <input type="checkbox"/> その他 ()												
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.)												