

Please fill in ①～④

# Application for the issuance of a copy of a Certificate of Residence

## 住民票の写し等交付申請書

(Attention) Mayor of Ageo city

Date / /

① Information of address and householder concerned by the application. (必要な住民票の住所と世帯主の情報)

Please write room number and name of building correctly. If missing, the certificate cannot be issued.

Address 住所	Ageo-shi		
Householder 世帯主	Katakana	Date of birth 生年月日	y m d

② Which certificate and what additional information do you need? Please check  (どのような証明書が必要ですか)

Certificate of Residence (住民票の種類)	Common for both Japanese and foreign residents 【日本人・外国人共通事項】	Permanent domicile (Japanese only) 本籍	Relationship 続柄	Copy (copies)	A copy of a deleted residence record cannot be issued after 6 years.	
	<input type="checkbox"/> Certificate of Residence with every family member (世帯全員)	<input type="checkbox"/> Yes (記載する) <input type="checkbox"/> No (記載しない)	<input type="checkbox"/> Yes (記載する) <input type="checkbox"/> No (記載しない)	通		
	<input type="checkbox"/> Certificate of Residence for individual including a copy of a deleted residence record (個人の住民票・除票を含む)	(If Individual's certificate, whose do you need?) (どなたの証明が必要ですか)				
	<input type="checkbox"/> A proof of registered items (Every family member) (住民票記載事項証明・全員)	Katakana Name 氏名				
	<input type="checkbox"/> A proof of registered items (Individual) 住民票記載事項証明 (個人)	Date of birth 生年月日		y m d		
Additional information necessary <input type="checkbox"/> Residence card code (住民票コード) <input type="checkbox"/> "My number" (個人番号) ※ If you want these informations on the certificate, it can be sent to your registered address only. 【Only for foreign residents】 You can choose what items the Certificate contains. Which items do you need on it? <input type="checkbox"/> All <input type="checkbox"/> None <input type="checkbox"/> Select <input type="checkbox"/> Nationality/Region <input type="checkbox"/> Division set forth in article 30-45 <input type="checkbox"/> Number of Resident card <input type="checkbox"/> Status of Residence, period of stay, Date of expiration <input type="checkbox"/> Other ( )						

③ Objective of usage (使用目的)

<input type="checkbox"/> Pension <input type="checkbox"/> Child allowance <input type="checkbox"/> Workplace <input type="checkbox"/> Financial institution <input type="checkbox"/> Driver's licence <input type="checkbox"/> other ( )
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④ Details about you who apply for the issuance of a certificate (申請者)

Applicant	Address 住所	〒 -		
	Name 氏名	seal	Date of birth 生年月日	y m d
	Phone number ※ Available during daytime	-	-	Your relationship to the person named in this application

職員記入欄	本人確認: 免・パ・住B・個・在・保・他 ( )		受付 :	作成 :	確認 :
	住民票	記載事項			合計
	通	通			通
	200 円	200 円			円
	無・公 通	無・公 通			無・公 通