

Application for Copy etc. of Certificate of Residence

* In accordance with the Urasoe City handling fee ordinance, please be aware that no refunds can be made after the fee has been paid.

Mayor of Urasoe

1) Who came to the customer service counter? 窓口に来た人

Year Month Day

| | |
|---------|----------------------|
| Address | Phone # |
| Name | Date of Birth |
| | Year Month Day |

2) Who is applying for it? 請求者

| | |
|---------|----------------------|
| Address | Phone # |
| Name | Date of Birth |
| | Year Month Day |

3) Whose certificate is needed? 証明対象者

| | |
|-------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Name | Date of Birth |
| | Year Month Day |
| Relationship of 1) & 2) | <input type="checkbox"/> Self (本人) <input type="checkbox"/> Same Household (同一世帯) <input type="checkbox"/> Guardian/caretaker of an adult (成年後見人) <input type="checkbox"/> Other (その他) |
| Address | Urasoe-Shi |

4) Which certificate is needed and how many copies? 必要な証明書

| | | | | |
|-----------------------------------------------|-----------|-------------|---------------|----------------------------|
| Certificate of Residence | Household | # × 300¥ | 住民票謄本 ①～③ | <input type="checkbox"/> 個 |
| | Personal | # × 300¥ | 住民票抄本 ①～③ | <input type="checkbox"/> 個 |
| Deleted Certificate | | # × 300¥ | 除票 ⑧ | |
| Status Notification | | # × 300¥ | 現況届 ⑦ | |
| Specified Information | Household | # × 300¥ | 住民票記載事項謄本 ⑦ | |
| | Personal | # × 300¥ | 住民票記載事項抄本 ⑦ | |
| Specified Information for Deleted Certificate | | # × 300¥ | 住民票除票記載事項 ⑧ | |
| Deleted Certificate (notification of moving) | | # No charge | 転入届に添付すべき除票 ⑧ | |
| View certificate info and copy down | | # × 300¥ | 閲覧 - | |
| Other () | | # × 300¥ | その他 ⑦ | |

| 市利用欄 | |
|-------------------------------------|----|
| 受付 | 発行 |
| | |
| | |
| | |
| 資料 | |
| <input type="checkbox"/> 委任状(請求者記入) | |
| <input type="checkbox"/> TEL委任 | |
| <input type="checkbox"/> 確約書 | |
| <input type="checkbox"/> 他() | |
| 手数料 | |
| | |
| 円 | |
| <input type="checkbox"/> 未案内 | |
| 領収 | |
| | |

5) What needs to be written on it? 必要な記載事項

| | |
|----------------------------------------------------------|--------|
| <input type="checkbox"/> Japanese Legal Residence & Head | 本籍・筆頭者 |
| <input type="checkbox"/> Head of Family & Relationship | 世帯主・続柄 |
| <input type="checkbox"/> Personal Identity Number | マイナンバー |
| <input type="checkbox"/> Certificate Residence Code | 住民票コード |
| <input type="checkbox"/> Non-Japanese | 外国人項目 |
| <input type="checkbox"/> Other () | その他 |
| <input type="checkbox"/> Previous Name (→) | 旧氏 |
| <input type="checkbox"/> Previous Address (~) | 旧住所 |

6) What will it be used for? (Purpose and where it will be submitted to) 請求理由

| | |
|----------------------------------------------|---------|
| <input type="checkbox"/> School | 学校 |
| <input type="checkbox"/> Work | 職場 |
| <input type="checkbox"/> Nanbu Health Center | 保健所 |
| <input type="checkbox"/> Bank/Brokerage Firm | 銀行/証券会社 |
| <input type="checkbox"/> Tax Report | 確定申告 |
| <input type="checkbox"/> For confirmation | 確認の為 |
| <input type="checkbox"/> Other () | その他 |

| | | | | | | | | | | | |
|-------------------------------------|-----------------------------|-----------------------------|------------------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-------------------------------|-----------------------------|-------------------------------|
| 確認1点 | <input type="checkbox"/> 個カ | <input type="checkbox"/> 運免 | <input type="checkbox"/> 運経(H24.4.1以降発行) | <input type="checkbox"/> 旅券 | <input type="checkbox"/> 住B | <input type="checkbox"/> 在カ | <input type="checkbox"/> 身手 | <input type="checkbox"/> 聞取 | <input type="checkbox"/> 他() | | |
| 確認2点 | <input type="checkbox"/> 保険 | <input type="checkbox"/> 年金 | <input type="checkbox"/> 生保 | <input type="checkbox"/> 住A | <input type="checkbox"/> 介保 | <input type="checkbox"/> 学生 | <input type="checkbox"/> キャ | <input type="checkbox"/> 通帳 | <input type="checkbox"/> 診察 | <input type="checkbox"/> 社員 | <input type="checkbox"/> 他() |
| <input type="checkbox"/> マイカコンビニ案内済 | | | | | | | | | | | |

Notes regarding application

- * If someone comes to the office for someone else, a power of attorney form signed by the applicant themselves is required.
- * If the certificate is issued through deception or other wrongful means, a fine will be imposed.
- * We will not respond to requests for inappropriate purposes that may lead to an invasion of privacy.