

委任状 Power of Attorney (Letter of Authorization) 英語

Reiwa Year Month Day
令和 年 月 日

※The individual giving authorization (not the representative receiving authorization) must complete all fields themselves.

委任する人 Individual Giving Authorization (頼む本人 Person being represented/ requesting representative)	住所 Address	※Your current, registered address (including building name and apartment number)		
	氏名 Name	(印) Ⓜ (seal not required if you handwrite your full name)		
	生年月日 Date of Birth	年 Year	月 Month	日 Day
委任される人 Authorized Individual (代理人 Representative) <small>The individual giving authorization (applicant) should still complete this section.</small>	住所 Address			
	氏名 Name			

私は、下記の権限を代理人に委任します。I hereby delegate the following authority to the representative named above.

住民異動に関する届出 Notification for Change of Residence, etc.	<input type="checkbox"/> 住所変更 Address change <input type="checkbox"/> 続柄変更 Relation change <input type="checkbox"/> 住居地届 (外国人) Juukyochi-todoke (foreign resident) (have your new/current address printed on the reverse of your Residence Card) <input type="checkbox"/> その他 ()
	※Official ID for the individual being represented (the individual requesting representative) is required.

住民票、除票の写しの交付請求 Juuminhyou, Copy of Johyou, etc.	Whose form, and at which address, is required. 誰の、どこ	住所 Address	豊橋市		
		氏名 Name	生年月日 Date of Birth	年	月 日
	<input type="checkbox"/> 住民票の写し Juuminhyou (Certificate of Residence) <input type="checkbox"/> 記載事項証明書 Kisai Jikou Shoumei-sho <input type="checkbox"/> 世帯全員 All members of household ____通 # of copies <input type="checkbox"/> 世帯の一部 ____通 # of copies <input type="checkbox"/> 住民票の除票の写し Juuminhyou no Johyou ※特別に必要な記載事項 → <input type="checkbox"/> 不要 None needed <input type="checkbox"/> 続柄・世帯主 Relations/Head of Household Special information required? <input type="checkbox"/> 本籍・筆頭者 Honseki (family register address) / Hittousha (Head of Family) <input type="checkbox"/> 国籍または地域、在留資格・期間等 Nationality, residence status/period <input type="checkbox"/> 個人番号(注) My Number* <input type="checkbox"/> その他 Other ()				
Reason required	のため				
(注)*Juuminhyou with My Number(s) (Kojin Bangou) or Juuminhyou codes cannot be issued to representatives. Please note that Juuminhyou with these details will be mailed to the home of the requesting individual whose name is on the Juuminhyou.					

戸籍、附票、身分証明書等の交付請求 Koseki, Koseki Fuhyou, Mibun Shoumei-sho, etc.	誰のものが必要ですか Whose document is needed? (★)	氏名 Name			
		生年月日 Date of Birth	明治・大正・昭和・平成・令和	年	月 日
	その戸籍について (戸籍の特定情報) About the Family Register (Koseki) (Specific Information)	本籍 Honseki	豊橋市		
		筆頭者 Head of Family (Hittousha)			
	<input type="checkbox"/> 戸籍 Koseki <input type="checkbox"/> 除籍 Joseki <input type="checkbox"/> 改製原戸籍 Kaisei Hara Koseki <input type="checkbox"/> 戸籍の附票の写し Koseki no Fuhyou (※) <input type="checkbox"/> 謄本(全員記載) Koseki Touhon (all family members) ____通 # of copies ※special entries required for Koseki Fuhyou? <input type="checkbox"/> 不要 unneeded <input type="checkbox"/> 本籍・筆頭者 Honseki/Hittousha <input type="checkbox"/> 抄本(個人) Koseki Shouhon (individual) ____通 # of copies <input type="checkbox"/> 証明したい住所 address you want certified () <input type="checkbox"/> 上記の人(★)の 出生 から 死亡 まで 各 ____通 # of copies/each From birth until death for the individual named above, # of copies/each <input type="checkbox"/> 上記の人(★)の から まで 各 ____通 # of copies/each From _____ until _____ for the individual named above, # of copies/each				
Reason Required	のため				