

# this Power of Attorney Form

## Power of Attorney 委任状

### 【Important Notes】

- Make sure that the applicant him/herself fills out this power of attorney.
- If you are a foreign resident, please write your name exactly the same way as your residence card or registered alias.
- When applying for your koseki (family registry) certificate, you must provide your honseki (the address associated with your family's official record) and the name of your hittōsha (the head of your family as recorded in the registry).
- A residence certificate containing your My Number information can only be mailed to the principal's address (your address). For this reason, please have the person with power of attorney bring a stamp and an envelope.
- This power of attorney cannot be used to authorize someone to complete any administrative procedures related to the M

### Proxy's Information (a person with power of attorney) 代理人(受任者)

Address

住所 **Otsu City Kyomachi 4 Chome 1 Banchi**

[Apartment Room No. 棟・部屋番号]

( **2-303** 号)

Name

氏名 **Hikone Taro**

Telephone Number

電話番号 ( **090** - **0000** - **0000** )

私は上記の者を代理人と定め、以下に関する権限を委任します。

### Required Certificate(s)

証明請求

**\*Please make sure to check all applicable boxes.**



A certificate of residence, etc.

- ☐ 住民票等（住民票・記載事項証明書等）を請求すること。

A certificate of Koseki (family registry), etc.

- ☐ 戸籍等（謄本・抄本・除籍・原戸籍・附票・身分証明書等）を請求すること。

Other government-issued certificates

- ☐ その他 (Detail: )

### Changing Registered with the City 異動

**\*Please make sure to check all applicable boxes.**



Changing your address (moving in, moving out, changing your address within the city), etc.

- ☐ 住所異動（転入・転居・転出等）に関すること。

Changing the information on your household (changing the head of the household, combining

- ☐ households, separating households), etc. 世帯異動（世帯主変更・世帯合併・世帯分離等）に関すること。

Changing your maiden name or former surname, etc.

- ☐ 旧氏（旧姓）記載・変更・削除申出に関すること。

To Hikone City Mayor 彦根市長 様

Date: Reiwa 令和 **06** yy 年 **10** mm 月 **01** dd 日

Please write the date the principal completed this form.

By signing below, I hereby certify that I am entrusting the person named above with the responsibility of applying for government-issued certificates on my behalf.

### Principal's (applicant's) Information 委任者(ご本人)

Address

住所 **Hikone City Motomachi 4 Ban 2 Gou**

[Apartment Room No. 棟・部屋番号]

( **202** 号)

Name (must be signed by the applicant him/herself)

氏名(自署)

**Hikone Hanako**

Date of Birth

生年月日（明治・大正・昭和・平成・令和・西暦）

**1970** yyyy年

**05** mm月

**05** dd日

Telephone Number

電話番号 ( **0749** - **00** - **0000** )