

(DATE) 年 (YEAR) 月 (MONTH) 日 (DAY)

委任状
(THE POWER OF ATTORNEY)

外国人登録証明書番号 ○
(NUMBER OF REGISTRATION CERTIFICATE)

住所
(ADDRESS)

氏名
(NAME)

外国人登録上のサイン
[SIGNATURE IN THE
ALIEN REGISTRATION]

生年月日
(DATE OF BIRTH)

私は、下記のことを代理人と定め、次の権限を委任します。
(I APPOINT THE FOLLOWING PERSON AS A PROXY AND
ENTRUST THE FOLLOWING AUTHORITY TO HIM/HER.)

外国人登録原票記載事項証明書取得について
(ACQUISITION OF THE CERTIFICATE OF THE ENTRIES
IN THE ORIGINAL COPY OF THE ALIEN REGISTRATIO
N.)

基本形 (BASIC TYPE) 通 (COPY)
(NATIONALITY・NUMBER OF REGISTRATION CERTIFICATE・
NAME・DATE OF BIRTH・SEX・NAME OF HEAD OF HOUSEHOLD・
PERSONAL RELATIONSHIP TO HEAD OF HOUSEHOLD・ADDRESS・
STATUS OF RESIDENCE・AUTHORIZED PERIOD OF STAY)

詳しいもの (DETAILED TYPE) 通 (COPY)
(NATIONALITY・NUMBER OF REGISTRATION CERTIFICATE・
NAME・DATE OF BIRTH・SEX・NAME OF HEAD OF HOUSEHOLD・
PERSONAL RELATIONSHIP TO HEAD OF HOUSEHOLD・ADDRESS・
STATUS OF RESIDENCE・AUTHORIZED PERIOD OF STAY・DATE
OF LANDING PERMIT・DATE OF REGISTRATION・PLACE OF
BIRTH・ADDRESS OR PLACE OF RESIDENCE IN THE COUNTRY
OF NATIONALITY・NAME AND ADDRESS OF PLACE OF
EMPLOYMENT OR OFFICE・OCCUPATION)

代理人
(PROXY)

住所
(ADDRESS)

氏名
(NAME)

生年月日
(DATE OF BIRTH)