

個人番号カード交付申請書 兼 電子証明書発行/更新申請書 [to be personally handwritten]
 INDIVIDUAL NUMBER CARD Issuing Application / Digital Certification Form

地方公共団体情報システム機構 宛 Japan Agency for Local Authority (To: 長宛)			
個人番号※1 ID Number			
氏名※2 Name			
住所※2 Address			
生年月日※2 Date of Birth	性別※2 Gender	男・女 Male・Female	
旧氏又は通称 ※2・3 Previous last name or Nickname (Appellation)			
電話番号※4 Phone Number	外国人住民の区分 Foreign Residency Status		
点字※5 Braille Type	点字表記を希望する (最大 24 文字まで、濁点等は 1 文字) <input type="checkbox"/> Request Braille (maximum 24 characters, sonant mark counts as 1)	在留期間等満了日の有無 Residency expiry date available or not	
		在留期間等満了日 Residency expiry date available or not	

顔写真貼付欄
 Attach your ID photo here.
 サイズ Size
 (縦 4.5cm × 横 3.5cm)
 (Dimensions 4.5 cm height x 3.5 cm width)
 ・最近 6 ヶ月以内に撮影
 ・正面、無帽、無背景のもの
 ・裏面に、氏名、生年月日を記入してください。
 ・Taken less than 6 months prior to the application submission date.
 ・Face front portrait, no hat, no background.
 ・Write down your name and date of birth before pasting it on to this form.

- ※1 If the information you provide includes any errors, the Individual Number Card nor Digital Certificate details may result in issuing incorrectly. Please make certain to submit the correct information.
- ※2 Concerning your name, address, date of birth, and gender, the information on the Certificate of Residence will be indicated on the Individual Number Card and the Digital Certificate.
- ※3 If you have already completed the procedure to list your previous last name or nickname on the Certificate of Residence, the previous last name or nickname will be indicated on the Individual Number Card and the Digital Certificate.
- ※4 If the information is insufficient, you may be contacted. Please submit your phone number where we can reach you during the daytime.
- ※5 If you prefer your name in braille, please black out the . The furigana, or katakana, spelling (up to 24 characters, symbols such as 「」 or 「」 count as one character.) registered as identification information, on the Basic Resident Registration Network System is transcribed into braille.

以上の内容に間違いのないことを確認しましたので、個人番号カードの交付及び電子証明書発行を申請します。
 I herein certify the statement in this document is true and correct with the best of my knowledge. I request to apply for an Individual Number Card and Digital Certificate.

申請日 Application 年 月 日
 year month day

申請者氏名
 Applicant's Name

【ご注意】を必ずご確認ください、電子証明書の発行を受けないこととする場合は、を黒く塗りつぶしてください。
 Please make sure to confirm [Note], and black out the box if you do NOT wish to issue a Digital Certificate.

- 署名用電子証明書※
Electronic certificate of the bearer's signature*
- 利用者証明用電子証明書
Electronic certificate of user proof.

【ご注意】電子証明書は、健康保険証としての利用、住民票の写しなどのコンビニ交付サービス、e-Tax等の電子申請、マイナポータルへのログインなど多様なサービスの提供に必要となります。
 [Note] The Digital Certificate is required for various services, such as an alternative health insurance card use, convenience store issuing service (e.g., issuing a copy of the Certificate of Residence), e-Tax online filing, and logging in to the Individual Number portal.

※15 歳未満の方、成年被後見人の方には原則発行されません。
 * As a general rule, the certificate is not issued for a person under 15 years of age and for an adult ward.

暗証番号を設定しないこと（顔認証マイナンバーカード）を希望する方は、市区町村窓口への来庁時に申し出てください。
 If you would like to apply for an Individual Number Card without setting a PIN (face recognition Individual Number Card), you can request it when submitting this application form at the municipal hall.
 15 歳未満の方、成年被後見人の方が申請を行う場合は、以下に代理人氏名、住所、電話番号、本人との関係を記入してください。
 When the bearer under the age of 15 years, or adult ward applies to issue an Individual Number Card and Digital Certificate, please fill in the representative's name, address, phone number and relationship below:

代理人記載欄 Statutory Representative	ふりがな Furigana		本人との関係 Relation To Applicant	
	代理人氏名 Representative Name			
	代理人住所 Representative's Address	〒(zip/postal code) -		(電話番号 Phone Number)

※ If the application information is insufficient, you may be contacted. Please submit your phone number where we can reach you during the daytime.

事務処理記載欄 For official use only	
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