

住民票コード通知票再交付請求書
Request for Reissuance of Resident Record Code

To the Mayor of Okazaki

Yr Mo Day
令和 年 月 日

Notes: In cases where the applicant's agent requests a Resident Record Code, a separate power of attorney (or other written document conferring agency) is required.

In addition, for agents who do not reside in the same household as the applicant, official documents confirming (1) power of attorney and (2) the identity of the applicant are required.

A P P L I C A N T	Address	岡崎市		
	Furigana			
	Full Name (or alias)			
	Date of Birth	明・大・昭・平・令・A.D.	Yr	Mo Day
	Telephone			

A G E N T	Address	1 Same address as Applicant
	(Please circle. If you select #2, please write your address in the space provided.)	2 Applicant and Agent live at different addresses. (Please provide Agent's address)
	Furigana	
	Full Name (or alias)	
	Telephone	
Relationship with Applicant (Please describe the relationship in the space provided.)	<p>Note: In cases where the Applicant and Agent live at separate addresses, the requested Resident Record Code will be sent to the Applicant's address of record.</p> <p>(Relationship):</p>	

Reason for Request	<p>Please circle the appropriate response:</p> <p>1. To receive pension benefits (retirement pension ・ unreceived pension benefits ・ survivor's pension ・ disability pension)</p> <p>2. Pension status report</p> <p>3. Lost</p> <p>4. Other ()</p>
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Warning: The above request may be denied if issuance of the code will result in a violation of privacy or basic human rights.

[For Office Use Only]

本人確認方法	代理人確認方法	受付者
運転免許証 健康保険証 (国・社・後期・介護) 年金手帳・証書 在留カード・特永証 その他()	運転免許証 健康保険証 (国・社・後期・介護) 年金手帳・証書 在留カード・特永証 その他()	