

別記第二十九号の十一様式(第十九条の十一関係)

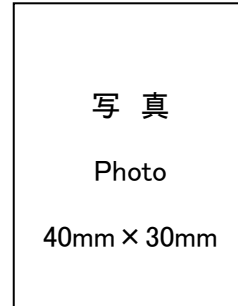
(紛失再交付)

( Reissuance ( lost ) )

日本国政府法務省

Ministry of Justice, Government of Japan

在留カード再交付申請書  
APPLICATION FOR RE-ISSUANCE OF A RESIDENCE CARD



法務大臣殿  
To the Minister of Justice

出入国管理及び難民認定法第19条の12第1項の規定に基づき、次のとおり在留カードの再交付を申請します。

Pursuant to the provisions of Paragraph 1 of Article 19-12 of the Immigration Control and Refugee Recognition Act, I hereby apply for reissuance of a residence card.

1 国籍・地域 Nationality / Region \_\_\_\_\_  
Family name \_\_\_\_\_ Given name \_\_\_\_\_

2 生年月日 Date of birth \_\_\_\_\_  
Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

3 氏名 Name \_\_\_\_\_

4 性別 Sex \_\_\_\_\_  
男・女 Male / Female

5 住居地 Address in Japan \_\_\_\_\_

6 在留カード番号 Residence card number \_\_\_\_\_

7 資格外活動許可の有無 Permitted to engage in activity other than those permitted under the status of residence previously granted \_\_\_\_\_  
有・無 Yes / No

8 在留カードの所持を失った理由及びその事実を知った日 Reason for loss of the residence card / Date of realizing such fact \_\_\_\_\_  
Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

9 代理人 Representative

(1) 氏名 Name \_\_\_\_\_

(2) 本人との関係 Relationship with the applicant \_\_\_\_\_

(3) 住所 Address \_\_\_\_\_

以上の記載内容は事実と相違ありません。  
申請人(代理人)の署名/申請書作成年月日

I hereby declare that the statement given above is true and correct.  
Signature of the applicant (representative) / Date of filling in this form

年 \_\_\_\_\_ 月 \_\_\_\_\_ 日 \_\_\_\_\_  
Year \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_

注意 申請書作成後申請までに記載内容に変更が生じた場合、申請人(代理人)が変更箇所を訂正し、署名すること。  
Attention In cases where descriptions have changed after filling in this application form up until submission of this application, the applicant (representative) must correct the part concerned and sign their name.

※ 取次者 Agent or other authorized person

(1) 氏名 Name \_\_\_\_\_

(2) 住所 Address \_\_\_\_\_

(3) 所属機関等(親族等については、本人との関係) Organization to which the agent belongs (in the case of a relative, relationship with the applicant) \_\_\_\_\_

(4) 電話番号(携帯電話番号) Telephone number (Cellular phone number) \_\_\_\_\_

◎ 本人又は代理人の連絡先(申請内容の確認のため、連絡させていただく場合があります) Contact telephone number of applicant (representative)

電話番号 Telephone no. \_\_\_\_\_ 携帯電話番号 Cellular phone no. \_\_\_\_\_

【代理人】 16歳以上の同居の親族(本人が16歳未満の場合、疾病その他の事由により自ら申請できない場合又は本人の依頼による場合)  
Representative A relative aged 16 years or above living together with the applicant (in cases where the applicant is under the age of 16 years, suffers from an illness or is unable to apply for the residence card owing to other grounds, or in cases pursuant to the request of the applicant)

【取次者】 受入れ機関等の職員で地方入国管理局長が適当と認めるもの(本人の依頼による場合)、弁護士又は行政書士で地方入国管理局長に届け出たもの(本人の依頼による場合)、本人の法定代理人、親族又は同居人若しくはこれに準ずる者で地方入国管理局長が適当と認めるもの(本人が16歳未満又は疾病その他の事由がある場合)  
Agent or other authorized person A member of the staff of the accepting institution, etc. whom the director of the regional immigration bureau deems to be appropriate (in cases pursuant to a request from the applicant); an attorney or administrative scrivener who has given notification to the director of the regional immigration bureau (in cases pursuant to a request from the applicant); a legal representative; a relative of the applicant, a person living together with the applicant or an equivalent person, whom the director of the regional bureau deems respectively to be appropriate (in cases where the applicant is under the age of 16 years, suffers from an illness or owing to other grounds)