



5 체류카드에 관한 수속

5-1 체류카드의 재교부

체류카드를 잃어버리거나 도난 당했을 때, 재해 등으로 없어졌을 때는 14 일 이내로 재교부 신청을 하십시오.

더러워지거나 훼손했을 때 등에도 재교부신청을 할 수 있습니다.

【중장기체류자】

필요한 서류	제출처 / 문의처	언제부터 언제까지	수수료
1 체류카드 재교부신청서 2 여권 또는 체류자격증명서 3 사진 · 세로 4cm× 가로 3cm · 3개월 이내에 촬영한 것 · 상반신, 모자 무착용 ※16세 미만의 경우에는 필요 없습니다	제출처 : 주거지를 관할하는 지방입국관리관서 문의처 : 주거지를 관할하는 지방입국관리관서 또는 외국인 체류종합인포메이션센터 (B4 체류에 관한 각종 문의 참조)	< 분실 등 > 분실하고나서 14 일 이내 < 오손 등 > 기간에 규정 없음 (재교부신청명령을 받았을 때는 그 날로부터 14 일 이내) < 교환희망 > 기간에 규정 없음	< 분실등 > < 오손등 > 무료 < 교환희망 > 1,300 엔
4 체류카드 <가지고 있을 때> 5 체류카드를 분실한 것을 증명하는 자료 (유실물신고증명서, 도난신고증명서, 이재증명서 등) <분실했을 때> 6 자격 외 활동허가서 <자격 외 활동허가서를 받은 경우> 7 신분을 증명하는 문서 등의 제시 (신청중개자가 신청을 제출하는 경우) 등			

다언어 생활정보



A 새로운 체류관리제도 · 외국인주민기본대장제도 (※2012.7.9 부터의 내용입니다)

▶ A 새로운 체류관리제도 · 외국인주민기본대장제도 TOP 으로

샘플

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		写真 Photo 40mm × 30mm
法務大臣 閣下 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	2 生年月日 Date of birth	年 月 日 Year Month Day
3 氏名 Name		4 性別 Sex
5 住居地 Address in Japan		男・女 Male / Female
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	
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		有・無 Yes / No
9 代理人 Representative		年 月 日 Year Month Day
(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。 I hereby declare that the statement given above is true and correct.		
申請人(代理人)の署名/申請書作成年月日 Signature of the applicant (representative) / Date of filing 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 filing 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18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)

출전 : 법무성 「분실 등에 의한 체류카드의 재교부 신청」

다언어 생활정보



A 새로운 체류관리제도 · 외국인주민기본대장제도 (※2012.7.9 부터의 내용입니다)

▶ A 새로운 체류관리제도 · 외국인주민기본대장제도 TOP 으로

샘플

別記第二十九号の十二様式(第十九条の十二関係)
(汚損等再交付)
(Reissuance (defaced))

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		写真 Photo 40mm × 30mm
<p>法務大臣 殿 To the Minister of Justice</p> <p>出入国管理及び難民認定法第19条の13第1項前段又は第3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 the first sentence of Paragraph 1 of Article 19-13 of the Immigration Control and Refugee Recognition Act, I hereby apply for reissuance of a residence card.</p> <p>該当する申請にチェックしてください。 Check on of the following applications.</p> <p><input type="checkbox"/> ① 在留カードの汚損等による再交付申請 Application for reissuance of a residence card due to being defaced or soiled</p> <p><input type="checkbox"/> ② 在留カードの再交付申請命令による再交付申請 Application for reissuance of a residence card upon a reissuance order</p>		
1 国籍・地域 Nationality / Region	2 生年月日 Date of birth	年 月 日 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 代理人 Representative		
(1) 氏名 Name	(2) 本人との関係 Relationship with the applicant	
(3) 住所 Address		
<p>以上の記載内容は事実と相違ありません。 I hereby declare that the statement given above is true and correct.</p> <p>申請人(代理人)の署名 / 申請書作成年月日 Signature of the applicant (representative) / Date of filling in this form</p> <p>年 月 日 Year Month Day</p>		
<p>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.</p>		
※ 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)

출전 : 법무성 「오손 등에 의한 체류카드의 재교부신청」

다언어 생활정보



A 새로운 체류관리제도 · 외국인주민기본대장제도 (※2012.7.9 부터의 내용입니다)

▶ A 새로운 체류관리제도 · 외국인주민기본대장제도 TOP 으로

샘플

別記第二十九号の十三様式(第十九条の十二関係)
(交換希望)
(Optional renewal)

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		写 真 Photo 40mm × 30mm
法務大臣殿 To the Minister of Justice		
<p>出入国管理及び難民認定法第19条の13第1項後段の規定に基づき、次のとおり在留カードの交換希望による再交付を申請します。 Pursuant to the provisions of the second sentence of Paragraph 1 of Article 19-13 of the Immigration Control and Refugee Recognition Act, I hereby apply for optional renewal of a residence card.</p>		
1 国籍・地域 Nationality / Region	2 生年月日 Date of birth	年 月 日 Year Month Day
Family name Green name		
3 氏名 Name	4 性別 Sex	
Name		男・女 Male / Female
5 住居地 Address in Japan		
6 在留カード番号 Residence card number		
7 在留カードの交換を希望する理由 Reason for optional renewal of the residence card		
Reason for optional renewal of the residence card		
8 代理人 Representative		
(1) 氏名 Name		(2) 本人との関係 Relationship with the applicant
Name		Relationship with the applicant
(3) 住所 Address		
Address		
<p>以上の記載内容は事実と相違ありません。 I hereby declare that the statement given above is true and correct. 申請人(代理人)の署名/申請書作成年月日 Signature of the applicant (representative) / Date of filling in this form</p>		
		年 月 日 Year Month Day
<p>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.</p>		
※ 取次者 Agent or other authorized person		
(1) 氏名 Name		(2) 住所 Address
Name		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)
Organization to which the agent belongs (in the case of a relative, relationship with the applicant)		Telephone number (Cellular phone number)

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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)

출전 : 법무성 「교환희망에 의한 체류카드의 재교부신청」