

送付日を記載してください。

住民票上の世帯主氏名を記入してください。
※証明書は世帯単位で、世帯主に対しての証明となります。
各世帯員個人の証明はできません。

板橋区在住時の住所と転出先の住所の両方が分かる本人確認書類を添付してください。
※裏面に転出先住所が記載されている場合は、両面印刷してください。

申請内容に不備や、手数料等の不足がある場合のために、
昼間連絡の取れる電話番号としてください。

【証明書の種類】
1～3のいずれかに丸をしてください。
【必要枚数】
必要な年や年度、枚数を記入してください。

注意事項をご確認の上、
申請してください。
なお、お釣りのご用意はできませんので、
必要金額分の定額小為替を同封してください。

第1号様式の2

国民健康保険に係る証明申請書(郵送用)

(宛先) 板橋区長 様

申請日 令和〇年 〇月 〇日

フリガナ	イタバシ イチロウ	生 年 月 日
世帯主氏名	板橋 一郎	昭和(平成・令和・西暦) 〇 年 〇 月 〇 日

証明対象世帯	住所	板橋区 板橋 (町) 二 丁目 66 番 1 号 (方書)
被保険者等 記号・番号		19 - 11 - 1111 - 01

※板橋区外へ転出している場合は、
転出先の住所もご記入ください。

続柄	1 本人(世帯主) ② 同じ世帯の方【世帯主から見た続柄： 子 】
フリガナ	イタバシ シロウ
氏名	板橋 二郎
電話番号	〇〇〇 - 〇〇〇〇 - 〇〇〇〇

提出先に〇をつけてください。

① 出入国在留管理庁 ・ 金融機関 ・ その他 ()

証明の種類	1 保険料賦課(額)証明 〔 年度 〕	通	1-
必要枚数について	2 保険料納付(額)証明 ① 〔 令和4, 5 年度の賦課額・納付額・未納額の証明 〕 ② 〔 年分(1月～12月に納めた額) 〕 ③ 〔 年度分(4月～翌年3月に納めた額) 〕 ※ ②・③は保険料を納めた額のみ記載されます。	各1 通	2-
	3 適用開始・終了証明	通	3-

※ 切手を貼った返信用封筒と、手数料1通につき400円分を定額小為替でお送りください。
※ 証明書は、種類ごと、年度ごと、被保険者等記号・番号ごとに1通となります。
不明な点がありましたら、申請前に電話でお問い合わせください。

※ 証明書は、申請者様宛にお送りします。

※ 送付先 〒173-8501 (住所記入不要)
板橋区役所 国保年金課 管理係
電話番号 (03) 3579-2401

灰色(グレー)の箇所は
記入不要です。

本人確認
マイナンバーカード・資格確認書・運転免許証・在留カード
パスポート・その他 ()

証明手数料 @ 400円 × 通 = 円 取扱者 受付 照合

Itabashi — 国民健康保険異動届出書 — National Health Insurance Application

Deadline: Must be submitted within 14 days of the qualifying event (losing employer insurance, moving in, birth, etc.) | Cost: Free | Penalty: Late enrollment means you still owe premiums from the eligibility date, and medical costs in

WHAT TO BRING

>> Enrolling after leaving employer insurance

- | | |
|---|-------------|
| * Certificate of Health Insurance Loss (from former employer) | 健康保険資格喪失証明書 |
| * Residence Card | 在留カード |
| * My Number Card (or My Number notification) | マイナンバーカード |
| Bank passbook & registered seal (for auto-debit setup) | 通帳・届出印 |

>> Enrolling after moving to a new ward

- | | |
|--|-----------|
| * Residence Card | 在留カード |
| * My Number Card | マイナンバーカード |
| Moving-Out Certificate (from previous ward) (If also doing residence registration) | 転出証明書 |

>> Leaving NHI (got employer insurance)

- | | |
|---|-------------|
| * New health insurance card (from employer) | 新しい健康保険証 |
| * NHI qualification confirmation document | 国民健康保険資格確認書 |
| * My Number Card | マイナンバーカード |

COMMON MISTAKES

- X Not enrolling within 14 days
- > You owe premiums retroactively from the eligibility date, but medical expenses during the gap are not covered.
- X Forgetting to disenroll from NHI after getting employer insurance
- > You will be double-billed for premiums. NHI does not automatically cancel.
- X Not bringing the Certificate of Health Insurance Loss
- > The ward office cannot process your enrollment. Ask your former employer to issue this document.

AFTER YOU SUBMIT

1. You receive a qualification confirmation document (資格確認書) — keep this as proof of insurance
2. Monthly premium notices arrive by mail. Pay at convenience stores, banks, or set up auto-debit
3. Dependents can be enrolled on the same form — list all household members
4. Premiums are calculated based on your previous year's income

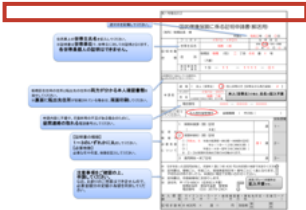
タイトル・届出日 — Header & Dates

第1号様式の2

1

第1号様式の2

Form No. 1-2



届出人情報 — Who Is Filing

送付日を記載してください。

国民健康保険に係る証明申請書(郵送用)

宛先) 板橋区長 様

申請日

令和〇年 〇月 〇日

生 年 月 日

フリガナ

イタバシ イチロウ

住民票上の世帯主氏名を記入してください。

- 1

送付日を記載してください。 Please write the date of mailing.
Enter the date when you are submitting/mailling this form to the municipal office.
- 2

国民健康保険に係る証明申請書(郵送用) National Health Insurance
Japan's public health insurance for self-employed, unemployed, and those not covered by employer insurance. Enrollment is mandatory.
- 3

(宛先) 板橋区長 様 (Addressee) To the Mayor of Itabashi Ward
This field is pre-filled and shows the addressee as 'To the Mayor of Itabashi Ward'. You don't need to write anything here as it's already completed.
- 4

令和〇年 〇月 〇日 Reiwa 〇 year 〇 month 〇 day
Fill in the date using the Japanese Reiwa era calendar (Reiwa 1 = 2019, Reiwa 2 = 2020, etc.)
- 5

申請日 Application Date
Write the date you are submitting this form (typically today's date in YYYY/MM/DD format)
- 6

世帯主氏名 Head of household name
If you live alone, YOU are the head of household — write your own name.
- 7

住民票上の On the resident registry
This refers to information as it appears in your official resident record - use the exact names/details from your current juminhyo certificate
- 8

を記入してください。 Please fill in.
This is just instructional text telling you to 'please fill in' the date field. The actual date should be written in the adjacent boxes marked for year, month, and day in Japanese calendar format.
- 9

イタバシ イチロウ ITABASHI ICHIRO
Enter your name in katakana (the Japanese phonetic alphabet used for foreign names)
- 10

フリガナ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 11

生 年 月 日 Date of Birth
Enter your birth date in the Japanese format: year/month/day (often using the Japanese calendar era system like Reiwa, Heisei, etc.)



住所 — Addresses (Part 1/2)

住民票上の世帯主氏名を記入してください。
※証明書は世帯単位で、世帯主に対しての証明となります。
各世帯員個人の証明はできません。

(宛先) 板橋区長 様		申請日	令和○年 ○月 ○日
フリガナ	イタバシ イチロウ	生	年 月 日
世帯主氏名	板橋 一郎	昭和・平成・令和・西暦	○年 ○月 ○日

- 1 令和○年 ○月 ○日 Reiwa ○ year ○ month ○ day
Fill in the date using the Japanese Reiwa era calendar (Reiwa 1 = 2019, Reiwa 2 = 2020, etc.)
- 2 申請日 Application Date
Write the date you are submitting this form (typically today's date in YYYY/MM/DD format)
- 3 世帯主氏名 Head of household name
If you live alone, YOU are the head of household — write your own name.
- 4 住民票上の On the resident registry
This refers to information as it appears in your official resident record - use the exact names/details from your current juminhyo certificate
- 5 を記入してください。 Please fill in.
This is instructional text telling you to fill in the head of household's name in the field above. As a foreign resident, write the name of the person who is registered as the primary resident/head of the household for your address.
- 6 イタバシ イチロウ ITABASHI ICHIRO
Enter your name in katakana (the Japanese phonetic alphabet used for foreign names)
- 7 フリガナ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 8 生 年 月 日 Date of Birth
Enter your birth date in the Japanese format: year/month/day (often using the Japanese calendar era system like Reiwa, Heisei, etc.)
- 9 世帯単位 Household unit
This indicates the form is organized by household - fill out one form per household, including all family members living at the same address
- 10 ※証明書は ※Certificates are
This appears to be the beginning of instructions about required supporting documents - check what certificates you need to attach to your form.
- 11 で、世帯主に対しての証明となります。 Head of household / .
The primary person in a household for registration purposes. If you live alone, you are the head of household.
- 12 昭和・平成・令和・西暦 Western calendar
Use Gregorian calendar years (e.g., 2024) instead of Japanese era years
- 13 世帯主氏名 Head of household name
If you live alone, YOU are the head of household — write your own name.
- 14 板橋 一郎 Itabashi Ichiro
This appears to be a sample name showing the format for writing your full name in kanji characters (surname first, then given name).



住所 — Addresses (Part 1/2) (continued)

- 15 各世帯員個人の証明はできません。 Cannot/Not possible / Cannot/Not possible
- This typically appears as a response option or error message on forms This typically appears as a status or instruction indicating something cannot be done or is not applicable

住所 — Addresses (Part 2/2)

各世帯員個人の証明はできません。

証明対象	○年○月○日
世帯主	板橋区板橋(町)二丁目66番1号
住所	(方書)
被保険者等	19 - 11 - 1111 - 01

- 1 証明対象 Subject of certification
This indicates what or who the certificate/document is for - leave blank as it's typically filled by office staff, not the applicant
- 2 板橋区板橋(町)二丁目66番1号 Itabashi City, Itabashi (Town), 2-chome, Number 66-1
This is a sample address format - replace with your actual address using the same structure (ward/city, district, chome, block number, building number)
- 3 (方書) Building name / room number
Apartment/mansion name and room number. e.g. ○○マンション 301号室
- 4 被保険者等 Insured person(s), etc.
List all household members who have health insurance or other social insurance coverage
- 5 19 - 11 - 1111 - 01 19 - 11 - 1111 - 01
This appears to be a sample format for a reference number or form number - fill in the actual numbers provided by the municipal office or leave blank if not applicable.



異動者 — Person Table (Part 1/2)

● 被保険者等
記号・番号

19 - 11 - 1111 - 01

※板橋区外へ転出している場合は、
転出先の住所も記入ください。

● 続柄

1 本人(世帯主) 2 同じ世帯の方【世帯主から見た続柄：子】

● フリガナ

イタバシ ジロウ

● 氏名

板橋 二郎

● 申請者

※申請者が世帯主の場合、記入不要

● 本人(世帯主)の場合、氏名は記入不要

● 板橋区在住時の住所と転出先の住所の両方が分かる本人確認書類を添付してください。
※裏面に転出先住所が記載されている場合は、両面印刷してください。

- 1 被保険者等 Insured person(s), etc.
List all household members who have health insurance or other social insurance coverage
- 2 19 - 11 - 1111 - 01 19 - 11 - 1111 - 01
This appears to be a sample format for a reference number or form number - fill in the actual numbers provided by the municipal office or leave blank if not applicable.
- 3 ※板橋区外へ転出している場合は、 Moving out
- 4 続柄 1 本人(世帯主) 2 同じ世帯の方【世帯主から見た続柄：子】
Head of household / Relationship to head of household / From
The primary person in a household for registration purposes. If you live alone, you are the head of household. See relationship terms table.
- 5 両方が分かる本人確認書類 Identity verification documents
Documents that prove your identity. Primary: Residence Card, Passport, My Number Card. Secondary: Health Insurance Card, Driver's License.
- 6 板橋区在住時の住所と転出先の住所の Address / Moving out
Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
- 7 フリガナ イタバシ ジロウ Phonetic reading (katakana)
Write the katakana reading of your name. For foreign names, this IS your name in katakana.
- 8 本人(世帯主)の場合、氏名は記入不要 Head of household / Full name
The primary person in a household for registration purposes. If you live alone, you are the head of household. Write in katakana for foreign names. Some forms accept romaji.
- 9 申請者 Applicant
Write your name here as the person submitting this residence registration form
- 10 添付してください。 Please attach.
Attach required supporting documents such as passport, visa, or other identification materials as specified on the form.
- 11 氏名 Name
Write your full name as it appears on your residence card or passport
- 12 裏面に転出先住所 Address / Moving out
Write in kanji if possible. Ward office staff can help you look up the correct kanji for your address.
- 13 両面印刷 Seal (inkan / hanko)
Personal seal stamp. Most ward offices accept a written signature for foreigners instead.
- 14 ※申請者が世帯主の場合、記入不要 Head of household
The primary person in a household for registration purposes. If you live alone, you are the head of household.



異動者 — Person Table (Part 1/2) (continued)

15

が記載されている場合は、if it is recorded/listed,

異動者 — Person Table (Part 2/2)

※裏面に転出先住所が記載されている場合は、両面印刷してください。

申請内容に不備や、手数料等の不足がある場合のために、
昼間連絡の取れる電話番号としてください。

氏名	※申請者が世帯主の場合、記入不要		
電話番号	000 - 0000 - 0000		
提出先に○をつ	出入国在留管理庁	金融機関	その他 ()
1 保険料賦課 (額) 証明	通	1 -	区処理欄
(年度)			

- 1 してください。 Please do so.
This appears to be instructional text telling you to complete something as directed - no input needed from you.
- 2 電話番号 Phone number
Japanese mobile number preferred. Some forms accept overseas numbers.
- 3 0 0 0 - 0 0 0 0 - 0 0 0 0 000 - 0000 - 0000
This is the format for entering your Individual Number (My Number) - fill in your 12-digit number in this pattern
- 4 提出先に○をつ Circle the submission destination
Circle the appropriate office or department where you're submitting this residence change notification form
- 5 出入国在留管理庁 ・ 金融機関 ・ その他 () Other (/ Other
Use this field for any information that doesn't fit in the standard categories above Use this section for any additional information not covered in other fields
- 6 申請内容に不備や、手数料等の不足がある場合のために、
In case there are deficiencies in the application content or insufficient fees, etc.,
This is explanatory text about providing contact information in case of application issues - the actual phone number field would be nearby.
- 7 区処理欄 Processing
Staff use - processing status. Do not fill in.
- 8 昼間連絡の取れる Where you can be contacted during the day
Provide a phone number or contact method where you can be reached during business hours
- 9 電話番号としてください。 Phone number
Japanese mobile number preferred. Some forms accept overseas numbers.
- 10 1 保険料賦課 (額) 証明 1. Insurance Premium Assessment (Amount) Certificate
This indicates you're requesting a certificate showing your insurance premium assessment amounts - check this box if you need proof of your insurance payments.
- 11 1 - 1-
This appears to be a reference number or item code (1-) - you typically don't need to fill this in as it's pre-printed on the form.
- 12 (年度) [Fiscal Year ____]
Write the Japanese fiscal year (April to March) when submitting the form, e.g., "令和6年度" for 2024-2025



本人確認書類 — ID & Documents (Part 1/2)

【証明書の種類】
1～3のいずれかに丸をしてください。
【必要枚数】

証明の種類
① 保険料納付（額）証明
② 〔令和4、5年度〕の賦課額・納付額・未納額の証明
③ 〔令和4、5年度〕の賦課額・納付額・未納額の証明
（1月～12月に納めた額）
④ 〔令和4、5年度〕の賦課額・納付額・未納額の証明
（4月～翌年3月に納めた額）

必要枚数
1
2
3

通
1
2

- 1 〔 年度〕 [Fiscal Year ____]
Write the Japanese fiscal year (April to March) when submitting the form, e.g., "令和6年度" for 2024-2025
- 2 証明の Certification/Proof
N/A (this is a section header - complete fields will follow)
- 3 2 保険料納付（額）証明 2. Insurance Premium Payment (Amount) Certificate
Attach certificates showing insurance premiums paid (health insurance, pension, etc.) if claiming deductions
- 4 【証明書の種類】 [Type of Certificate]
Check one of the numbered boxes (1-3) to select the type of certificate you need. This determines what kind of official document will be issued.
- 5 種類や Type/Category
Select the type of residence change you're making (e.g., moving in, moving out, address change within the city)
- 6 ①〔令和4、5年度〕の賦課額・納付額・未納額の証明
①[Certification of assessment amount, payment amount, and unpaid amount for fiscal years Reiwa 4 and 5]
Check this box if you need a certificate showing your tax assessment, payments made, and any unpaid amounts for fiscal years 2022-2023 and 2023-2024.
- 7 1～3のいずれかに丸 Circle one of 1-3
Choose and circle the option (1, 2, or 3) that applies to your situation from the given choices.
- 8 をしてください。 Please do/complete [this action].
N/A - this is incomplete instructional text that would normally follow a specific action to be taken
- 9 各1通 1 copy each
This indicates you need to submit one copy of each required document - check which documents need multiple copies.
- 10 2 - 2-
This appears to be a page or section number (2-). You likely don't need to fill this in as it's pre-printed.
- 11 必要枚数 Number of copies required
Enter how many copies of the form you need - typically 1 for personal records, but you may need additional copies for employer or other administrative purposes.
- 12 ②〔 年分（1月～12月に納めた額）〕 ② [____ year amount (amount paid from January to December)]
Enter the tax year and total amount of taxes paid during that calendar year period.
- 13 【必要枚数】 [Required Number of Copies]
Check how many copies of the form you need to submit - typically 1-2 copies depending on your municipality's requirements.



本人確認書類 — ID & Documents (Part 1/2) (continued)

- 14

③〔

年度分 (4 月 ~ 翌年 3 月に納めた額)

〕

③ [_____ fiscal year amount (amount paid from April to March of the following year)]

Enter the fiscal year and total amount of taxes/fees paid during that April-March period
- 15

について regarding/concerning

This means 'regarding' or 'concerning' and typically precedes information about what the certificate relates to. You may need to specify the subject or purpose.

本人確認書類 — ID & Documents (Part 2/2)

【必要枚数】
必要な年や年度、枚数を記入してください。

について	③ ※ ②・③は保険料を納めた額のみ記載されます。	年度(4月〜翌年3月に納めた額)
3 適用開始・終了証明	通	3-

※ 切手を貼った返信用封筒と、手数料 1 通につき 400 円分を定額小為替でお送りください↑

- 1

必要な年や年度、枚数を記入してください。 Please fill in the required year or fiscal year and number of copies.
Enter the specific year you need documents for and how many copies you want issued.
- 2

※ ②・③は保険料を納めた額のみ記載されます。
This is an informational note stating that only the amount of insurance premiums actually paid will be recorded in sections ② and ③. You don't need to write anything here - it's just explaining what will appear on your insurance premium payment certificate.
- 3

3 適用開始・終了証明 3. Coverage Start/End Certificate
Check this section if you need proof of when your insurance or pension coverage began or ended due to your address change.
- 4

3 - 3-
Write '3-' as the apartment or unit number prefix if you live in unit 3 of an apartment building or housing complex. If you don't live in a numbered unit, leave this field blank.
- 5

※ 切手を貼った返信用封筒と、手数料 1 通につき 400 円分を定額小為替でお送りください。 Postage stamp
Staff use only - do not fill in



記入方法・注意事項 — Instructions

● 注意事項をご確認の上、申請してください。
● なお、お釣りのご用意はできませんので、必要金額分の定額小為替を同封してください。

※ 切手を貼った返信用封筒と、手数料 1 通につき 400 円分を定額小為替でお送りください。
※ 証明書は、種類ごと、年度ごと、被保険者等記号・番号ごとに 1 通となります。
※ 証明書は、申請者様宛にお送りします。
※ 送付先 〒173-8501 (住所記入不要)
板橋区役所 国保年金課 管理係
電話番号 (03) 3579-2401

灰色(グレー)の箇所は記入不要です。

- 1

※ 切手を貼った返信用封筒と、手数料 1 通につき 400 円分を定額小為替でお送りください。

Postage stamp

Staff use only - do not fill in
- 2

※ 証明書は、種類ごと、年度ごと、被保険者等記号・番号ごとに 1 通となります。

This is an informational note explaining that certificates are issued separately for each type, fiscal year, and insurer symbol/number - no action needed from you.
- 3

注意事項をご確認の上、

After confirming the precautions/notes,

This is instructional text directing you to read the important notes before proceeding with the form.
- 4

申請してください。

Please apply.

This indicates you should submit/apply for the certificate after reviewing the instructions - it's part of the procedural guidance.
- 5

※ 証明書は、申請者様宛にお送りします。

This note confirms that the certificate will be mailed to you as the applicant - no input required, just informational.
- 6

灰色 (グレー) の箇所は

The gray areas are

This explains that gray-colored sections on the form don't need to be filled out - skip any grayed-out areas.
- 7

なお、お釣りのご用意はできませんので、

Cannot/Not possible

This typically appears as a status or instruction indicating something cannot be done or is not applicable
- 8

です。

This appears to be the end of the sentence about gray areas being unnecessary to complete - no action needed.
- 9

必要金額分の定額小為替を同封してくだ

Please enclose postal money orders for the required amount

Purchase postal money orders (定額小為替) at Japan Post offices for any fees - don't send cash by mail
- 10

板橋区役所 国保年金課 管理係

Pension

Select your pension type (National Pension, Employee Pension, etc.)
- 11

さい。

Please.

This is likely the end of an instruction sentence asking you to please do something mentioned earlier in that instruction - follow the preceding guidance.



備考・その他 — Footer & Notes

本人確認 資料	マイナンバーカード・資格確認書・運転免許証・在留カード パスポート・その他
証明手数料	@ 400円 × 通 = 円
取扱者	受付 照合

- 1

さい。 Please.

This appears to be the end of an instruction or polite request - no action needed as it's just a courtesy phrase meaning 'please' that concludes the form instructions.
- 2

本人確認 Personal identification

This section is for verifying your identity - bring valid ID like passport, residence card, or driver's license
- 3

マイナンバーカード・資格確認書・運転免許証・在留カード My Number Card / Residence Card / My Number Card

Plastic IC card with your 12-digit Individual Number. Can be used as primary ID. Apply at your ward office after receiving the notification letter. ID card for foreign residents with mid- to long-term visas. Issued at the airport or immigration office. Must carry at all times.
- 4

証明手数料@ 400円 × 通 = 円 Certificate fee @ 400 yen × ___ copies = ___ yen

Fill in the number of residence certificate copies you need and calculate the total fee (multiply by 400 yen per copy)
- 5

取扱者 Handler/Processing Officer

This field is for the government office staff member who processes your application - leave this blank as it will be filled in by the official handling your paperwork.



COUNTER PHRASES

Point and show these to ward office staff

FINDING THE COUNTER

すみません、国民健康保険の窓口はどこですか？

Sumimasen, kokumin kenkō hoken no madoguchi wa doko desu ka?

Excuse me, where is the National Health Insurance counter?

ENROLLING

国民健康保険に加入したいのですが

Kokumin kenkō hoken ni kanyū shitai no desu ga

I would like to enroll in National Health Insurance

CANCELLING

国民健康保険をやめたいのですが

Kokumin kenkō hoken wo yametai no desu ga

I would like to cancel my National Health Insurance

SHOWING PROOF

資格喪失証明書を持っています

Shikaku sōshitsu shōmeisho wo motteimasu

I have my Certificate of Health Insurance Loss

ASKING ABOUT PREMIUMS

保険料はいくらですか

Hokenryō wa ikura desu ka?

How much is the insurance premium?

LEFT PREVIOUS JOB

会社を辞めたので、国保に切り替えたいです

Kaisha wo yameta node, kokuho ni kirikae tai desu

I left my company and want to switch to National Health Insurance