

様式第8号(第8条関係)

Form Number 8

# 印鑑登録証明書交付申請書

## Official Seal Registration Certificate Issue Form

(あて先)塩尻市長

(To) the Shiojiri Mayor

令和	年	月	日
REIWA	year	month	day

1 Personal information of the person coming to the service counter.

住 所 Address	
氏 名 Name	
電話番号 Phone Number	( )

2 Whose things are being requested?

(Please put a 「✓」 mark in the check box )

Please apply with the Certificate of the Seal Registration attached.	
登録番号 Registration Number	
住 所 Address	<input type="checkbox"/> Same as 1
	Shiojiri City
フリガナ 氏 名 Name	<input type="checkbox"/> Same as 1
通 数 Number of copies	通 copies

(R1. 5. 1)