|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NOT the registered domicile   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Notification of Marriage**Submitted on [ / / ] To the Mayor of | | | | | Accepted on [month/date/year]  No. | | | | | | | | Dispatched on [month/date/year]  The Mayor of  seal | | | | | | | | Sent on [month/date/year]  No. | | | | | | | | | Verification of Documents | | Registration in the Family Register | | Verification of the Entry | | | Survey Form | | | Supplementary Family Register | | Residence Certificate | | Notice | | (1) | (*Furigana*) | | Husband-to-be: | | | | | | | | Wife-to-be: | | | | | | | | | | | Name | | Surname First Name | | | | | | | | Surname First Name | | | | | | | | | | | Date of Birth | |  | | | | | | | |  | | | | | | | | | | |  | Address  (Address of the Registered Residence) | |  | | | | | | | |  | | | | | | | | | | | (2) |  | | | | | | | |  | | | | | | | | | | |  | Name of the Head of the Household |  | | | | | | | Name of the Head of the Household | | | | | |  | | | | | (3) | Registered Domicile (If he/she is a foreign national, write only his/her nationality.) | |  | | | | | | | | | | | | | | | | | | | Name of the Head  of the Family | |  | | | | | | | | | | | | | | | | |  | Parents' Names and Relationship to the Parents (Write the name of the adoptive parents in "Others", if applicable.) | | Husband's  Father | |  | | | | Relationship | | Wife's  Father | | | |  | | | | Relationship | | |  | Husband's  Mother | |  | | | | son | | Wife's  Mother | | | |  | | | | daughter | | | (4) | Surname and New Registered Domicile of the Couple after Marriage | | 🞎 Surname of Husband  🞎 Surname of Wife | | | | New Registered Domicile  (Do not write anything if the person whose family name is selected is already registered at the head of the Family Register.) | | | | | | | | | | | | | | | (5) | The month when the couple started to live together | | [ mm / yyyy ]  (Please write the month and year when the couple held a wedding ceremony or when the couple started to live together, whichever is earlier.) | | | | | | | | | | | | | | | | | | | (6) | First Marriage /Remarriage | | 🞎 First marriage  Remarriage 🞎 Divorce  🞎 Bereavement [ mm / dd / yyyy] | | | | | | | | | 🞎 First marriage  Remarriage 🞎 Divorce  🞎 Bereavement [ mm / dd / yyyy] | | | | | | | | | | (7) | Major work of the Household before the couple started living together; and  Occupations of Husband and Wife | | [H][W] 1. Engaged in agricultural business exclusively or concurrently with other work  [H][W] 2. Individually operated self-employed business, industrial and commercial business or service business  [H][W] 3. Being employed as a full-time worker in a company or family-owned store (except for public office) with 1 to 99 employees. (If he/she was an employee hired on a daily basis or under a contract of one year or less, choose Item 5.)  [H][W] 4. Being employed as a full-time worker or an officer of a company or organization that does not fall under Item 3. (If he/she was an employee hired on a daily basis or under a contract of one year or less, choose Item 5.)  [H][W] 5. Engaged in work other than those described in Items 1 to 4  [H][W] 6. None of the household members worked | | | | | | | | | | | | | | | | | | | (8) | If submitted during a year when the national census is conducted:  (Please enter information only when the notice is submitted during the period  between April 1 of that year to March 31 of the following year.) | | | | | | | | | | | | | | | | | | | Husband's Occupation | | | | | | | | Wife's Occupation | | | | | | | | | | |  | Other Matters |  | | | | | | | | | | | | | | | | | | | |  | Signature and Seal of Notifier | | Husband: | | | | | | | | Wife: | | | | | | | | | | |  | seal | | | | | | | | seal | | | | | | | | | | |  | Case File Number | |  | | |  | | | | | | | | | | | | | | | |  | Note  ⦿ Please avoid using a pencil or pen with erasable ink.  ⦿ Please prepare this notification in advance and submit it on the day of your wedding or when you start living together.  You can submit the notification even on Sundays and public holidays.  ⦿ If you are submitting the notification to a city office that is not in the locality of your registered domicile, a Certified Copy of the Family Register or Certificate of All Registered Matters in Family Register is required.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | Witnesses | | |  |  | | Signature and  Seal | seal | seal |  | Even if the witnesses are a married couple, each spouse must affix his/her own seal. | | Date of Birth |  |  | | Address |  |  | |  |  | | Registered Domicile |  |  | |  |  |   In the field of “Name of the Head of the Family”, please write the name of the person who appears first in the Family Register.  Please check the box which corresponds to your situation.  If a person marrying a foreign national is not yet registered as the head of the family in the Family Register, a new Family Register will be created. Please write a new registered domicile at your choice.  If you are remarrying, please provide the requested information about the previous marriage. This does not apply to common-law marriage.  Notified matters will be also used for the Vital Statistics (Fundamental Statistical Survey under the Statistics Act operated by the Ministry of Health, Labour and Welfare)  If your address and/or the head of the household changes due to the marriage, you are required to take procedures to change the address and/or the head of the household.  If you submit notifications of these changes and the Notification of Marriage at the same time, please write the new address and/or the head of the household in the “Address” and “Name of the Head of the Family” sections in this notification.  Note that the Notification of Change in Residence cannot be accepted outside office hours (e.g., Saturdays, Sundays and holidays). Please submit it at a later date.   |  | | --- | | Contact number during daytime | | TEL:  Home/ Workplace/ Other reachable phone number (c/o) |   ●You are required to affix your signature on your own.  ●Please put respective seals of each parties.  ●Items to bring when you submit this notification:  (1) A Certified Copy of Family Register or Certificate of All Registered Matters in Family Register of both the Husband and the Wife (1 copy each).  (2) Respective Seals of the Husband and the Wife. |