Notification of Moving-in / Procedure Check Sheet (Procedure in City Office)

Please process what is required at each reception counter. Depending on circumstances, there may be procedures and required documents other than those shown on this sheet, so please check with the reception desk.

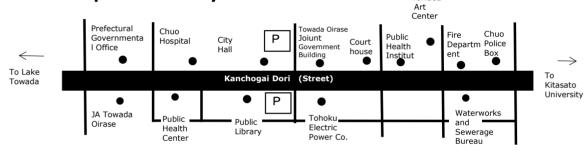
	che ck	Category	Procedure	Things you need	Due date	Division in charge	Reception desk
A d r e s s	CK	Person who needs name stamp certificate.	New name stamp registration	 Name stamp Identification document of t registrant (with photo ID). 	he		Main building 1F
		Those who have either Individual card or Basic resident register card	Continuous use of the card	 Individual card or Basic resident register card Enter your PIN code (4 digit number) 	Within 90 days from notificatio n	-community service division	
		Person who has a notification card	Procedure for content change	Notification card			
		Person who have applied for Individual card at the previous address and have not received it yet.	Re-application (if you need)	%The application at the previous address will be canceled by m Pleasecontact us if you nee	oving out.	(citizen record unit) 1 51-6755	
		Person who installed digital certificate for signature on Individual card.	Application for electronic certificate issue (if necessary) ※It automatically revokes due to address change.	 Individual card Enter PIN cord (6-16 digit alphanumeric) 	of		
		Person who will live in municipal housing.	Notification of moving	• Name stamp.		Urban improvement and construction division ¤ 51-6738	new building 3F
I n s u r a n c e		Person who had joined National Health Insurance at the previous address.	National Health Insurance enrollment procedure	 Identification document of the submitter Individual card of head of household and all of the transferers 	Within 14 days from transfer.	national health insurance division (national health insurance diffusion unit) 1 51-6750 national health insurance division (Geriatrics and gerontology unit) 1 51-6752	Main building 1F
		Person who has maternal and child health notebook.	Application for pregnant women's 10 percent benefit certificate.	 Maternal and Child Health Handbook 			
		Person who had joined the late-stage elderly medical care system at the previous address.	Procedure for acquisition of qualification (transfer to another prefecture) or change of qualification (transfer in thi prefecture)	 Identification document of the submitter Individual card of transferee Name stamp Copeyment category certificate, etc.(Move-in from other prefecture) 			
		Person who tranfered from outside of this prefecture to Domicile Exception.	Confirmation of qualification	You may continue to become the member of the late-stage elderly medical care system of the previous address.			
C h i l d		Pregnant women.	Delivery of pregnant woman health checkup examination form.				see the
		Persons who have children in pre-school.	Confirmation of infant health check-up.	• Maternal and Child Health Handbook		Public Health Center 851-6792	back peripheral map
			Vaccination prescription issuing				
		The one who receives child allowance	Certification request etc.	 Health insurance of the recipient Bank passbook of the recipient Residence certificate of the child (in case separating from child) Individual Card • Name stamp 	the	child raising support division (child nursing unit) 1 51-6717	New building 1F

Wecome to Towada City !

	che ck	Category	Procedure	Things you need	Due date	Division in charge	Reception desk
	Person wishing to enter nursery school		Application for childcare use	 Certificate of employment etc. Individual card Name stamp Income tax certificate of all family members. 		child raising support division (child nursing unit) 251-6717	
		Person who receives child medical expenses serviceApply for certification of recipient qualification• Health insurance of the child • Name stamp • Income tax certificate of all household members.					
c h		Person who correspond to	Apply for qualification for receiving single parent family medical expenses support certificate.	 Parent and child health insurance card Bank passbook Name stamp Family register certificate Income tax certificate 		child raising support	New building
i	— a single parent family, etc	Child support allowance address change notification	Child support allowance certificate Name stamp			1F	
d			Apply for child support allowance certification	%Please contact us for more information			
	Person who apply for nursing care benefits		Apply for benefts, etc.	 Insurance card of person who supports child Foster care and medical opinion Individual card Private seal 			
		Those receiving special child support allowance	Recipient and child address change notification	 Residence card of all the household members. Special child support allowance certificate 			
		Person who have elementary and junior high school children	School transfer procedure	Enrollment contact sheet		Go to designated school	
Advanced age		Those who have received nursing care certification at the previous address.	Apply for nursing care requirement	• Name stamp		elder care service division 851-6721	new building 1F
		Person who receives pension	Address change notification	 Identification document of the submitter Annuity certificate Name stamp Identification document of the submitter Pension book Passport Private seal 			
		Person who transferred from overseas	Joining the National Pension (Between 20 and 60 years old)				
P e n s i		Person who has retired from the company with an	Notification of national pension qualification acquisition	 Identification document of the submitter Certificate of losing qualification Pension book Name stamp 	Within 14 days from notificatio n date	community service division (national pension unit) 1 51-6753	Main building 1F
o n	employee's pension subscriber.		National pension insurance premium exemption application	 Identification document of the submitter Pension book Civorce certificate Name stamp 			
		Person who is subscribing to or receiving farmer's pension	Farmer pension address change notification	 Name stamp %Procedures may be unnecessary depending on family situation. 		Agriculture committee 25 1-6740	New building 4F

	che ck	Category	Procedure	Things you need	Due date	Division in charge	Reception desk
Di sabi li y		Person who has disability certificate. (Physically or mentally disabled)	Notification of certificate content change.	Disability certificatePrivate seal			new building 1F
		Person who is receiving medical expenses for services and support for persons with disabilities.	Address change notification	 Health insurance card Name stamp Things that can confirm the address Certificate of beneficiary at previous address Specific Disease Medical Tree Receipt Certificate (Only for details) 	the atment	livelihood welfare division 2 51-6718	
Others		Person who has a dog	Notification of changes on registration matters.	• Dog license at the previous	address	community	
		About the neighborhood association.	We will inform you the contact information of president of the neighborhood association.			development support division	Main building 1F
		About garbage collection	We will give you "The trash pick up schedule" paper.			8 51-6726	

The Map Around City Hall





Towada City Hall 7034-8615 6-1, Nishi Juniban-cho, Towada-shi, Aomori-ken HP : http://www.city.towada.lg.jp/

Towada

Open hours : Monday ~ Friday 8:30~17:15 (Except for Japanese National holidays) ***About Citizen Division's certificates issuing**

Available until 18:00 on Monday to Friday, we are issuing certificates such as family register, resident card or name stamp.