

민원서류 외국어 번역본

ENGLISH

(영어)

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[Form No.10]

| Marriage Registration                                      |                                             |                    |                                                                                                                                                           |                   |         |                           |                           |                         |                                             | * Please complete this form according to the instructions on the reverse side. Circle where appropriate. |  |                   |  |      |  |  |  |  |  |
|------------------------------------------------------------|---------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------|---------------------------|---------------------------|-------------------------|---------------------------------------------|----------------------------------------------------------------------------------------------------------|--|-------------------|--|------|--|--|--|--|--|
| ( Day Month Year)                                          |                                             |                    |                                                                                                                                                           |                   |         |                           |                           |                         |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
| Section                                                    |                                             |                    |                                                                                                                                                           |                   | Husband |                           |                           |                         |                                             | Wife                                                                                                     |  |                   |  |      |  |  |  |  |  |
| ① Contracting parties in the marriage (Registering person) | Name                                        | Korean             | (surname) /(first name)                                                                                                                                   |                   |         |                           | Seal or signature         | (surname) /(first name) |                                             |                                                                                                          |  | Seal or signature |  |      |  |  |  |  |  |
|                                                            |                                             | Chinese characters | (surname) /(first name)                                                                                                                                   |                   |         |                           |                           | (surname) /(first name) |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
|                                                            | Place of family origin (Chinese characters) |                    |                                                                                                                                                           |                   |         | Tel.                      |                           |                         | Place of Family Origin (Chinese characters) |                                                                                                          |  |                   |  | Tel. |  |  |  |  |  |
|                                                            | Date of birth                               |                    |                                                                                                                                                           | Day Month Year    |         |                           |                           | Day Month Year          |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
|                                                            | Resident registration No.                   |                    |                                                                                                                                                           | -                 |         |                           |                           | -                       |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
|                                                            | Permanent address                           |                    |                                                                                                                                                           |                   |         |                           |                           |                         |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
| Address                                                    |                                             |                    |                                                                                                                                                           |                   |         |                           |                           |                         |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
| ② Parents (Adoptive parents)                               | Father's name                               |                    |                                                                                                                                                           |                   |         |                           |                           |                         |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
|                                                            | Resident registration No.                   |                    |                                                                                                                                                           | -                 |         |                           |                           | -                       |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
|                                                            | Permanent address                           |                    |                                                                                                                                                           |                   |         |                           |                           |                         |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
|                                                            | Mother's name                               |                    |                                                                                                                                                           |                   |         |                           |                           |                         |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
|                                                            | Resident registration No.                   |                    |                                                                                                                                                           | -                 |         |                           |                           | -                       |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
| Permanent address                                          |                                             |                    |                                                                                                                                                           |                   |         |                           |                           |                         |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
| ③ Date of dissolution of the last marriage                 |                                             |                    | Day Month Year                                                                                                                                            |                   |         |                           | Day Month Year            |                         |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
| ④ Date of the establishment of marriage abroad             |                                             |                    | Day Month Year                                                                                                                                            |                   |         |                           | Day Month Year            |                         |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
| ⑤ Agreement on surname and place of family origin          |                                             |                    | Did you agree that your child would take his or her mother's surname and place of family origin? Yes <input type="checkbox"/> No <input type="checkbox"/> |                   |         |                           |                           |                         |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
| ⑥ Inter-marriage(Marriage between close relatives)         |                                             |                    | Are you in a third cousin blood relationship or closer? Yes <input type="checkbox"/> No <input type="checkbox"/>                                          |                   |         |                           |                           |                         |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
| ⑦ Remarks                                                  |                                             |                    |                                                                                                                                                           |                   |         |                           |                           |                         |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
| ⑧ Witness                                                  | Name                                        | Seal or signature  |                                                                                                                                                           |                   |         | Resident registration No. |                           | -                       |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
|                                                            | Address                                     |                    |                                                                                                                                                           |                   |         |                           |                           |                         |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
|                                                            | Name                                        | Seal or signature  |                                                                                                                                                           |                   |         | Resident registration No. |                           | -                       |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
|                                                            | Address                                     |                    |                                                                                                                                                           |                   |         |                           |                           |                         |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
| ⑨ Consenter                                                | Husband                                     | Father             | Name                                                                                                                                                      | Seal or signature |         | Guardian                  | Name                      | Seal or signature       |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
|                                                            |                                             | Mother             | Name                                                                                                                                                      | Seal or signature |         |                           | Resident registration No. | -                       |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
|                                                            | Wife                                        | Father             | Name                                                                                                                                                      | Seal or signature |         |                           | Name                      | Seal or signature       |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
|                                                            |                                             | Mother             | Name                                                                                                                                                      | Seal or signature |         |                           | Resident registration No. | -                       |                                             |                                                                                                          |  |                   |  |      |  |  |  |  |  |
| ⑩ Submitting person                                        |                                             | Name               |                                                                                                                                                           |                   |         |                           | Resident Registration No. |                         | -                                           |                                                                                                          |  |                   |  |      |  |  |  |  |  |

\* A person filing a false registration form making a fraudulent use of other person's signature or seal or causing a false entry on the Family Register as a result of a false report is punishable by imprisonment for not more than five years or fine of up to KRW 10,000,000 under the Criminal Act.

\* The following information is required for national population policy. You are obliged to provide accurate information in a faithful manner according to Articles 32 and 33 of the Statistics Act. All personal information will be strictly protected.

|                              |         |                                                   |                                        |                                                   |  |
|------------------------------|---------|---------------------------------------------------|----------------------------------------|---------------------------------------------------|--|
| ⑪ Starting date of marriage  |         |                                                   | Living together since (Day/Month/Year) |                                                   |  |
| ⑫ Nationality                | Husband | Korean (by birth)                                 | Wife                                   | Korean (by birth)                                 |  |
|                              |         | N aturalized Korean (Previous nationality: )      |                                        | N aturalized Korean (Previous nationality: )      |  |
|                              |         | Foreign national (Nationality: )                  |                                        | Foreign national (Nationality: )                  |  |
| ⑬ Type of marriage           | Husband | First Marriage                                    | Wife                                   | First Marriage                                    |  |
|                              |         | Remarriage after bereavement                      |                                        | Remarriage after bereavement                      |  |
|                              |         | Remarriage after divorce                          |                                        | Remarriage after divorce                          |  |
| ⑭ Highest level of education | Husband | Uneducated Elementary school                      | Wife                                   | Uneducated Elementary school                      |  |
|                              |         | Middle school High school (College) University    |                                        | Middle school High school (College) University    |  |
|                              |         | Graduate school and above                         |                                        | Graduate school and above                         |  |
| ⑮ Occupation                 | Husband | Manager Professional                              | Wife                                   | Manager Professional                              |  |
|                              |         | Clerk Service worker Sales worker                 |                                        | Clerk Service worker Sales worker                 |  |
|                              |         | Skilled agricultural, forestry and fishery worker |                                        | Skilled agricultural, forestry and fishery worker |  |
|                              | Husband | Craft and related trades worker                   | Wife                                   | Craft and related trades worker                   |  |
|                              |         | Plant and machine operator and assembler          |                                        | Plant and machine operator and assembler          |  |
|                              |         | Elementary worker                                 |                                        | Elementary worker                                 |  |
|                              | Husband | Student Househusband                              | Wife                                   | Student Housewife                                 |  |
|                              |         | Member of armed forces Unemployed                 |                                        | Member of armed forces Unemployed                 |  |
|                              |         |                                                   |                                        |                                                   |  |

## Instructions for Filling the Form

- ※ Permanent address : In the case of a foreign national, provide nationality.
- ※ Resident registration No. : in the case of a foreign national, provide Alien Registration No. (Domestic Residence Report No. or Date of Birth).
- ※ All applicants should fill in items ①,② and items ⑥,⑦,⑧,⑨,⑩,⑪,⑫,⑬,⑭, and only the applicable persons should fill the remaining items ③,④,⑤.
- ※ Resident registration relocation report should be lodged separately from this report of family relationship registration.
- Item② : If a party concerned in the marriage is an adopted child, provide personal details of his/her adoptive parents.
- Item③ : If a party concerned in the marriage was divorced or had his/her marriage annulled before, indicate the date.
- Item④ : In the case of submitting a certified copy of foreign marriage certificate, enter the date when the marriage was established.
- Item⑤ : In the case where there is an agreement at the time of marriage registration that the baby will adopt the mother's surname and place of family origin according to the Article 781 Paragraph 1 of the Civil Act, please indicate so.
- Item⑥ : Please indicate whether or not it is an intermarriage [a marriage within third cousins, including blood relations prior to adoption in the case of a full adoptee] according to Article 809 Paragraph 1 of the Civil Act
- Item⑦ : Please enter information necessary for clarifying the following items and the Family Register. (If additional space is needed, attach an appendix.)
  - In the case of registering marriage as a result of the court's decision on de facto marriage, please indicate the name of the court and the date of finalized judgment.
- Item⑧ : The witness should be of the legal age of maturity.
- Item⑨ : If either party is a minor or an incompetent person, consent should be provided.
- Item⑩ : Enter the submitting person's name and resident registration number (regardless of the applicant).  
[ID to be verified by a government official]
- Item⑪ : Enter the starting date of actual marriage (cohabitation) regardless of the wedding date.
- Item⑭ : Please choose the educational institution accredited by the Minister of Education, Science and Technology which the parents last graduated from. For those who are currently attending or dropped out of school, indicate the last school completed. For example, a junior student in university or a dropout should choose high school.
- Item⑮ : Indicate parties' primary occupations at the beginning time of the marriage.

Manager : Occupation related to planning, directing and management of government, business and other entities (public and private enterprise executives, etc.)

Professional : Occupation related to skilled work based on expert knowledge (science, medical science, education, religion, law, finance, art, sports, etc.)

Clerk : Occupation related to assisting managers and professionals (business administration, insurance, audit, counseling, reception, statistics, etc.)

Service worker : Occupation related to public safety, protective service, medical assistance, hairdressing, beauty, wedding and funera functions, transportation, leisure, cooking, etc.

Sales worker : Occupation related to sales and marketing of goods or services (internet, shop, public place, and etc.), advertising, and PR, etc.

Skilled agricultural, forestry and fishery worker : Occupation related to cultivation and harvest of crops, animal breeding, farming and development of forest, farming and breeding of aquatic animal · plant, etc.

Craft and related trades worker : Occupation related to installing equipment and machinery, processing and maintenance related to mining, manufacturing, and construction industries

Plant and machine operator and assembler : Occupation related to producing and assembling goods, operating machines, machine control by computers, driving transportation equipment, etc.

Elementary worker : Occupation requiring simple, routine and physical work using simple manual tools

Housewife and househusband : Full time engagement in household affairs

Member of armed forces : Only professional soldiers excluding conscripted officers and ranks      Unemployed : No occupation in particular

## Required Document(s)

- ※ Item 1 below is not required if the Family Relationship Registrar's office can verify the contents electronically.
- 1. An original copy of the Certificate of Basic Personal Information, Certificate of Marriage, and Certificate of Family Relationship of the contracting parties in the marriage respectively.
- 2. A written consent to the marriage of a minor or an incompetent [Not needed when a consenter's details and signatures or seals are provided in the application form].
- 3. A certified copy of the court judgment and a certificate of the finalized court ruling in the case where the court confirmed the existence of common law marriage [In the case where reconciliation or mediation has been established, a certified copy of the protocol of reconciliation and mediation and certificate of service].
- 4. In the case of a marriage based on the Act on Special Cases Concerning Marriage Registration, a certified copy of court judgment and a certificate of the finalized court ruling.
- 5. If either parties are foreign nationals
  - Marriage by the Korean system : An original copy of the certificate of the requirement for the establishment of marriage (e.g. a non-marriage certificate for a Chinese national), and proof of nationality (e.g. passport and alien registration card).
  - Marriage by the foreign system : A copy of the marriage certificate and proof of nationality (e.g. passport and alien registration card).
- 6. A copy of an agreement between the parties in the case where there is an agreement at the time of marriage registration that the baby will adopt the mother's surname and the place of family origin according to the Article 781 Paragraph 1 of the Civil Act.
- 7. Identification. [In accordance with Article 23 of the Regulations concerning Family Relationship Registration]
  - ① Ordinary marriage registration
    - In cases where both of them are present, both applicants' IDs
    - In cases where the submitting person is present whereas the applicants are absent, the submitting person's ID and both of the applicants' IDs, notarized signature certificate (in cases where the registration form has been signed without the proof of the applicant's ID) or seal certificate (in cases where the registration form has been sealed without the proof of the applicant's ID) depending on the method used in the registration form.
    - In cases where application is made by post, applicants' notarized signature certificate (in cases where the registration form has been signed) or notarized seal certificate (in cases where the registration form has been sealed)
  - ② Declaratory marriage registration (registration based on certificates)
    - In cases where applicants are present, the applicant's ID
    - In cases where the submitting person is present, the submitting person's ID
    - In cases where application is made by post, a copy of the applicant's ID
- ※ In the case of registering marriage as a result of the court's decision on de facto marriage, the identification of an applicant (one of the parties in the marriage) may replace the other absent party's identification.



| Divorce Registration<br>(Designation of parental authority)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                             |                                                                                                                                                                                                                                                                                           |                         |                |                                                 |                                                                                                                                                                                                                                                                                        |                                              |                |      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|----------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|----------------|------|--|
| ( Day Month Year)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                             |                                                                                                                                                                                                                                                                                           |                         |                |                                                 |                                                                                                                                                                                                                                                                                        |                                              |                |      |  |
| Section                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                             | Husband                                                                                                                                                                                                                                                                                   |                         |                |                                                 | Wife                                                                                                                                                                                                                                                                                   |                                              |                |      |  |
| ①<br>Divorcing parties<br>(Applicant)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Name                                        | Korean                                                                                                                                                                                                                                                                                    | (surname) /(first name) |                | Seal or signature                               | (surname) /(first name)                                                                                                                                                                                                                                                                | Seal or signature                            |                |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             | Chinese characters                                                                                                                                                                                                                                                                        | (surname) /(first name) |                |                                                 | (surname) /(first name)                                                                                                                                                                                                                                                                |                                              |                |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Place of family origin (Chinese characters) |                                                                                                                                                                                                                                                                                           |                         | Tel.           |                                                 | Place of family origin (Chinese characters)                                                                                                                                                                                                                                            |                                              |                | Tel. |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Resident Registration No.                   |                                                                                                                                                                                                                                                                                           | -                       |                |                                                 |                                                                                                                                                                                                                                                                                        | -                                            |                |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Date of birth                               |                                                                                                                                                                                                                                                                                           |                         |                |                                                 |                                                                                                                                                                                                                                                                                        |                                              |                |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Permanent address                           |                                                                                                                                                                                                                                                                                           |                         |                |                                                 |                                                                                                                                                                                                                                                                                        |                                              |                |      |  |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                             |                                                                                                                                                                                                                                                                                           |                         |                |                                                 |                                                                                                                                                                                                                                                                                        |                                              |                |      |  |
| ②<br>Parents<br>(Adoptive parents)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name of father (or adoptive father)         |                                                                                                                                                                                                                                                                                           |                         |                |                                                 |                                                                                                                                                                                                                                                                                        |                                              |                |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Resident registration No.                   |                                                                                                                                                                                                                                                                                           | -                       |                | -                                               |                                                                                                                                                                                                                                                                                        | -                                            |                |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Name of mother (or adoptive mother)         |                                                                                                                                                                                                                                                                                           |                         |                |                                                 |                                                                                                                                                                                                                                                                                        |                                              |                |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Resident registration No.                   |                                                                                                                                                                                                                                                                                           | -                       |                | -                                               |                                                                                                                                                                                                                                                                                        | -                                            |                |      |  |
| ③ Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                             |                                                                                                                                                                                                                                                                                           |                         |                |                                                 |                                                                                                                                                                                                                                                                                        |                                              |                |      |  |
| ④ Date of finalized judgement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                             | Day Month Year                                                                                                                                                                                                                                                                            |                         |                | Court name                                      |                                                                                                                                                                                                                                                                                        | Court                                        |                |      |  |
| In the case of divorce by agreement, the section for Designation of person with parental rights shall be completed after the court confirms the intention of divorcing by agreement.                                                                                                                                                                                                                                                                                                                                                                                            |                                             |                                                                                                                                                                                                                                                                                           |                         |                |                                                 |                                                                                                                                                                                                                                                                                        |                                              |                |      |  |
| ⑤<br>Designation of person with parental authority                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Name of the Minor                           |                                                                                                                                                                                                                                                                                           | -                       |                |                                                 | -                                                                                                                                                                                                                                                                                      |                                              |                |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Resident registration No.                   |                                                                                                                                                                                                                                                                                           | -                       |                |                                                 | -                                                                                                                                                                                                                                                                                      |                                              |                |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Parent with parental authority              | Father                                                                                                                                                                                                                                                                                    | Effective date          | Day Month Year |                                                 | Father                                                                                                                                                                                                                                                                                 | Effective date                               | Day Month Year |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             | Mother                                                                                                                                                                                                                                                                                    | Reason                  | Agreement      |                                                 | Mother                                                                                                                                                                                                                                                                                 | Reason                                       | Agreement      |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                             | Parents                                                                                                                                                                                                                                                                                   | Judgement               |                | Parents                                         | Judgement                                                                                                                                                                                                                                                                              |                                              |                |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Name of the Minor                           |                                                                                                                                                                                                                                                                                           | -                       |                |                                                 | -                                                                                                                                                                                                                                                                                      |                                              |                |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Resident registration No.                   |                                                                                                                                                                                                                                                                                           | -                       |                |                                                 | -                                                                                                                                                                                                                                                                                      |                                              |                |      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Parent with parental authority              | Father                                                                                                                                                                                                                                                                                    | Effective date          | Day Month Year |                                                 | Father                                                                                                                                                                                                                                                                                 | Effective date                               | Day Month Year |      |  |
| Mother                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                             | Reason                                                                                                                                                                                                                                                                                    | Agreement               |                | Mother                                          | Reason                                                                                                                                                                                                                                                                                 | Agreement                                    |                |      |  |
| Parents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                             | Judgement                                                                                                                                                                                                                                                                                 |                         | Parents        | Judgement                                       |                                                                                                                                                                                                                                                                                        |                                              |                |      |  |
| ⑥ Applicant present                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             | Husband                                                                                                                                                                                                                                                                                   |                         |                | Wife                                            |                                                                                                                                                                                                                                                                                        |                                              |                |      |  |
| ⑦ Submitting person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             | Name                                                                                                                                                                                                                                                                                      |                         |                | Resident Registration No.                       |                                                                                                                                                                                                                                                                                        | -                                            |                |      |  |
| <p>* A person filing a false registration form making a fraudulent use of other person's signature or seal or causing a false entry on the Family Register as a result of a false report is punishable by imprisonment for not more than five years or fine of up to KRW 10,000,000 under the Criminal Act.</p> <p>* The following information is required for national population policy. You are obliged to provide accurate information in a faithful manner according to Articles 32 and 33 of the Statistics Act. All personal information will be strictly protected.</p> |                                             |                                                                                                                                                                                                                                                                                           |                         |                |                                                 |                                                                                                                                                                                                                                                                                        |                                              |                |      |  |
| ⑧ Starting date of marriage (cohabitation)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             | Day Month Year                                                                                                                                                                                                                                                                            |                         |                | ⑨ Ending date of marriage (actual divorce date) |                                                                                                                                                                                                                                                                                        | Day Month Year                               |                |      |  |
| ⑩ Number of children under 20 years of age                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                             |                                                                                                                                                                                                                                                                                           |                         |                | ⑪ Types of divorce                              |                                                                                                                                                                                                                                                                                        | Divorce by Agreement<br>Divorce by Judgement |                |      |  |
| ⑫ Grounds for divorce (select one.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                             | Marital infidelity   Physical and mental abuse   Discord between extended families<br>Economic problems   Differences in personality   Health problems   Others                                                                                                                           |                         |                |                                                 |                                                                                                                                                                                                                                                                                        |                                              |                |      |  |
| ⑬ Nationality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Husband                                     | Korean (by birth)<br>Naturalized Korean (Previous nationality: )<br>Foreign national (Nationality: )                                                                                                                                                                                      |                         |                | Wife                                            | Korean (by birth)<br>Naturalized Korean (Previous nationality: )<br>Foreign national (Nationality: )                                                                                                                                                                                   |                                              |                |      |  |
| ⑭ Highest level of education                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Husband                                     | Uneducated   Elementary school<br>Middle school   High school<br>(College) University<br>Graduate school and above                                                                                                                                                                        |                         |                | Wife                                            | Uneducated   Elementary school<br>Middle school   High school<br>(College) University<br>Graduate school and above                                                                                                                                                                     |                                              |                |      |  |
| ⑮ Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Husband                                     | Manager   Professional<br>Clerk   Service worker   Sales worker<br>Skilled agricultural, forestry and fishery worker<br>Craft and related trades worker<br>Plant and machine operator and assembler<br>Elementary worker<br>Student   Househusband<br>Member of armed forces   Unemployed |                         |                | Wife                                            | Manager   Professional<br>Clerk   Service worker   Sales worker<br>Skilled agricultural, forestry and fishery worker<br>Craft and related trades worker<br>Plant and machine operator and assembler<br>Elementary worker<br>Student   Housewife<br>Member of armed forces   Unemployed |                                              |                |      |  |

## Instructions for Filling the Form

- ※ Permanent Address : In the case of a foreign national, provide nationality.  
 ※ Resident Registration No. : In the case of a foreign national, provide Alien Registration No. (Domestic Residence Report No. or Date of Birth)
- Item① : In the case of divorce by agreement, both parties should sign or put name and seal on the form. In the case of divorce by trial, one party's signature or name and seal suffices.
- Item② : In the case the parents of divorcing parties do not have resident registration no., indicate the permanent address. If any of the divorcing parties are an adopted child, please indicate the personal details of the adoptive parents. If divorcing parties' parents are foreign nationals, please indicate their alien registration numbers (alternatively, date of birth) and nationality instead of resident registration numbers.
- Item③ : Please provide information necessary for clarifying the following items and the Family Register.  
 - In the case where there will be a change of personal status as a result of the registration, indicate the affected person's name, date of birth, permanent address and the reason of change to the personal status.  
 - In the case where an incompetent person divorces by agreement, please indicate the consenter's name, signature (or seal) and date of birth.
- Item④ : This section applies only in the case of a divorce by trial including reconciliation and mediation. Nothing to enter in the case of a divorce by agreement.  
 : In the case of registering a divorce as a result of mediation, a decision in place of mediation, reconciliation or decision to recommend reconciliation, enter "mediation established", "a final decision in place of mediation", "reconciliation established", or "decision to recommend reconciliation" in the blank round bracket under "Date of finalized judgment". Provide the date when the decision was finalized.
- Item⑤ : Leave this section blank in the case of an application for the confirmation of the intention to seek divorce by agreement, and enter the party with parental authority after the court confirms the parties' intention to divorce. The effective date refers to the date when divorce is registered in the case of a divorce by agreement and the date when the judgement is finalized in the case of a divorce by trial. As for the reason, please circle " Agreement" in the case where the designation was agreed upon whereas circle " Judgement" in the case where the court made a decision by either application or by court authority. If there are more than three children between the divorcing parties, indicate the other children's cases in an Appendix, and put a seal or signature on both pages.
- Item⑥ : Please circle which party is an applicant present.
- Item⑦ : Enter the submitting person's name and resident registration number (regardless of the applicant).  
 [ID to be verified by a government official]
- Items⑧, ⑨ : Please indicate the actual beginning date of marriage and the actual ending date of marriage regardless of the date of registering in the Family Register or the date of finalized judgement.
- Item⑩ : Please choose the educational institution accredited by the Minister of Education, Science and Technology which the parents last graduated from. For those who are currently attending or dropped out of school, indicate the last school completed. For example, a junior student in university or a dropout should choose high school.
- Item⑪ : Indicate primary occupations of the parties at the time of divorce.
- Manager : Occupation related to planning, directing and management of government, business and other entities (public and private enterprise executives, etc.)  
 Professional : Occupation related to skilled work based on expert knowledge (science, medical science, education, religion, law, finance, art, sports, etc.)  
 Clerk : Occupation related to assisting managers and professionals (business administration, insurance, audit, counseling, reception, statistics, etc.)  
 Service worker : Occupation related to public safety, protective service, medical assistance, hairdressing, beauty, wedding and funera functions, transportation, leisure, cooking, etc.  
 Sales worker : Occupation related to sales and marketing of goods or services (internet, shop, public place, and etc.), advertising, and PR, etc.  
 Skilled agricultural, forestry and fishery worker : Occupation related to cultivation and harvest of crops, animal breeding, farming and development of forest, farming and breeding of aquatic animal · plant, etc.  
 Craft and related trades worker : Occupation related to installing equipment and machinery, processing and maintenance related to mining, manufacturing, and construction industries  
 Plant and machine operator and assembler : Occupation related to producing and assembling goods, operating machines, machine control by computers, driving transportation equipment, etc.  
 Elementary worker : Occupation requiring simple, routine and physical work using simple manual tools  
 Housewife and househusband : Full time engagement in household affairs  
 Member of armed forces : Only professional soldiers excluding conscripted officers and ranks      Unemployed : No occupation in particular

## Required documents

- Divorce by agreement : A certified copy of a Confirmation of an Intention to Seek Divorce by Agreement
- Divorce by trial : A certified copy of the court judgement and a certificate of the finalized court ruling respectively (In the case where arbitration or reconciliation has been established, a certified copy of the protocol report and the certificate of service)
- Divorce by the decision of a foreign court
  - An original copy or a certified copy of the court decision on divorce and a certificate of finalized court decision.
  - A copy of proof that the defendant responded to the court summons or court order although he or she has not been served at all or not been serviced by publication in the case where the defendant who lost the case is a Korean national. (This applies only when the court judgement is not clear on this.)
  - A copy of translations of each document above.
- ※ No. 4. items are not required if the Family Relationship Registrar's office can verify the contents electronically.
- A Family Relationship Certificate and a Marriage Certificate of divorcing parties
- In the case of foreign nationals
  - Divorce by the Korean system : Proof of nationality in the case of divorce by agreement (passport or alien registration card); a copy of the proof of nationality in the case of divorce by trial
  - Divorce by the foreign system : A certified copy of Divorce Certificate and a copy of the proof of nationality (passport or alien registration card)
- Documents related the designation of parental authority.
  - A copy of the agreement on the designation of parental authority in the case of a divorce agreement
  - A copy of the court decision and a certificate of finalized decision in the case of a divorce by trial
- Identification [In accordance with Article 23 of Regulations concerning Family Relationship Registration]
  - Report of divorce by trial (including divorce registration based on a certificate copy)
    - In cases where applicants are present, the applicant's ID
    - In cases where the submitting person is present, the submitting person's ID
    - In cases where application is made by post, a copy of the applicant' ID
  - Report of divorce by agreement
    - In cases where an applicant is present, an applicant's ID
    - In cases where the submitting person is present whereas the applicants are absent, the submitting person's ID and the applicant's ID, notarized signature certificate (in cases where the registration form has been signed without the proof of the applicant's ID) or notarized seal certificate (in cases where the registration form has been sealed without the proof of the applicant's ID).
    - In cases where application is made by post, an applicant's notarized signature certificate (in cases where the registration

| Birth Registration Form                                                                                                                                                                                                                                                                                  |                                         |                                                                                   |                                                                                                                                                                                                                                                                                                | ※ Please complete this form according to the instructions on the reverse side. Circle where appropriate. |                               |                                                                                                                                                                                                                                                                                             |        |                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------|
| ( Day Month Year)                                                                                                                                                                                                                                                                                        |                                         |                                                                                   |                                                                                                                                                                                                                                                                                                |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |
| ①<br>Person<br>of birth<br>(Child)                                                                                                                                                                                                                                                                       | Name                                    | Korean (surname) / (first name)                                                   | Place of family origin (Chinese characters)                                                                                                                                                                                                                                                    | Sex                                                                                                      | Male                          | Birth in wedlock                                                                                                                                                                                                                                                                            | Female | Birth out of wedlock |
|                                                                                                                                                                                                                                                                                                          |                                         | Chinese characters (surname) / (first name)                                       |                                                                                                                                                                                                                                                                                                |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |
|                                                                                                                                                                                                                                                                                                          | Time & Date of birth                    |                                                                                   | Hour Minute Day Month Year (Please enter in 24 hour clock format based on the local time of birthplace)                                                                                                                                                                                        |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |
|                                                                                                                                                                                                                                                                                                          | Birthplace address                      |                                                                                   | Own residence    Hospital    Others                                                                                                                                                                                                                                                            |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |
|                                                                                                                                                                                                                                                                                                          | Permanent address designated by parents |                                                                                   |                                                                                                                                                                                                                                                                                                |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |
|                                                                                                                                                                                                                                                                                                          | Address                                 |                                                                                   | Relationship to the head of household                                                                                                                                                                                                                                                          |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             | of     |                      |
| If the child has dual nationalities, please indicate this fact and enter the other nationality.                                                                                                                                                                                                          |                                         |                                                                                   |                                                                                                                                                                                                                                                                                                |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |
| ②<br>Parents                                                                                                                                                                                                                                                                                             | Father                                  | Name                                                                              | (Chinese characters: )                                                                                                                                                                                                                                                                         | Place of family origin (Chinese characters)                                                              |                               | Resident registration No.                                                                                                                                                                                                                                                                   | -      |                      |
|                                                                                                                                                                                                                                                                                                          | Mother                                  | Name                                                                              | (Chinese characters: )                                                                                                                                                                                                                                                                         | Place of family origin (Chinese characters)                                                              |                               | Resident registration No.                                                                                                                                                                                                                                                                   | -      |                      |
|                                                                                                                                                                                                                                                                                                          | Father's permanent address              |                                                                                   |                                                                                                                                                                                                                                                                                                |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |
|                                                                                                                                                                                                                                                                                                          | Mother's permanent address              |                                                                                   |                                                                                                                                                                                                                                                                                                |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |
| When reporting a marriage, did you submit the agreement certifying that your child will carry his/her mother's surname and the place of family origin? Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                         |                                                                                   |                                                                                                                                                                                                                                                                                                |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |
| ③ Indicate below if you are registering the birth again after the Family Register was closed in accordance with a court judgement confirming the non-existence of parent-child relationship.                                                                                                             |                                         |                                                                                   |                                                                                                                                                                                                                                                                                                |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |
| Particular details in the closed Family Register                                                                                                                                                                                                                                                         |                                         |                                                                                   | Name                                                                                                                                                                                                                                                                                           |                                                                                                          | Resident registration No.     | -                                                                                                                                                                                                                                                                                           |        |                      |
|                                                                                                                                                                                                                                                                                                          |                                         |                                                                                   | Permanent address                                                                                                                                                                                                                                                                              |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |
| ④ Remarks                                                                                                                                                                                                                                                                                                |                                         |                                                                                   |                                                                                                                                                                                                                                                                                                |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |
| ⑤ Applicant                                                                                                                                                                                                                                                                                              | Name                                    | Seal or signature                                                                 |                                                                                                                                                                                                                                                                                                |                                                                                                          | Resident Registration No.     | -                                                                                                                                                                                                                                                                                           |        |                      |
|                                                                                                                                                                                                                                                                                                          | Relationship                            | Father    Mother    Cohabiting relative    Others (Eligibility : )                |                                                                                                                                                                                                                                                                                                |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |
|                                                                                                                                                                                                                                                                                                          | Address                                 |                                                                                   |                                                                                                                                                                                                                                                                                                |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |
|                                                                                                                                                                                                                                                                                                          | Tel.                                    |                                                                                   |                                                                                                                                                                                                                                                                                                |                                                                                                          | E-mail                        |                                                                                                                                                                                                                                                                                             |        |                      |
| ⑥ Submitting person                                                                                                                                                                                                                                                                                      |                                         | Name                                                                              |                                                                                                                                                                                                                                                                                                | Resident registration No.                                                                                | -                             |                                                                                                                                                                                                                                                                                             |        |                      |
| ※ A person filing a false registration form making a fraudulent use of other person's signature or seal or causing a false entry on the Family Register as a result of a false report is punishable by imprisonment for not more than five years or fine of up to KRW 10,000,000 under the Criminal Act. |                                         |                                                                                   |                                                                                                                                                                                                                                                                                                |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |
| ※ The following information is required for national population policy. You are obliged to provide accurate information in a faithful manner according to Articles 32 and 33 of the Statistics Act. All personal information will be strictly protected.                                                 |                                         |                                                                                   |                                                                                                                                                                                                                                                                                                |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |
| Details of the Person of Birth                                                                                                                                                                                                                                                                           |                                         |                                                                                   |                                                                                                                                                                                                                                                                                                |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |
| ⑦ Duration of pregnancy                                                                                                                                                                                                                                                                                  |                                         | Pregnancy Weeks Days                                                              |                                                                                                                                                                                                                                                                                                |                                                                                                          | ⑧ Weight of the new born baby |                                                                                                                                                                                                                                                                                             | kg     |                      |
| ⑨ Number of births & Birth order                                                                                                                                                                                                                                                                         |                                         | Single    Twins →    First or    Second of the twins<br>Triplets or more → out of |                                                                                                                                                                                                                                                                                                |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |
| ⑩ Nationality                                                                                                                                                                                                                                                                                            |                                         |                                                                                   | Details of Father                                                                                                                                                                                                                                                                              |                                                                                                          |                               | Details of Mother                                                                                                                                                                                                                                                                           |        |                      |
|                                                                                                                                                                                                                                                                                                          |                                         |                                                                                   | Korean (by birth)<br>Naturalized Korean (Previous nationality: )<br>Foreign national (Nationality: )                                                                                                                                                                                           |                                                                                                          |                               | Korean (by birth)<br>Naturalized Korean (Previous nationality: )<br>Foreign national (Nationality: )                                                                                                                                                                                        |        |                      |
| ⑪ Actual date of birth                                                                                                                                                                                                                                                                                   |                                         |                                                                                   | Solar / Lunar Day Month Year                                                                                                                                                                                                                                                                   |                                                                                                          |                               | Solar / Lunar Day Month Year                                                                                                                                                                                                                                                                |        |                      |
| ⑫ Highest level of education                                                                                                                                                                                                                                                                             |                                         |                                                                                   | Uneducated    Elementary school<br>Middle school    High school<br>(College) University<br>Graduate school and above                                                                                                                                                                           |                                                                                                          |                               | Uneducated    Elementary school<br>Middle school    High school<br>(College) University<br>Graduate school and above                                                                                                                                                                        |        |                      |
| ⑬ Occupation                                                                                                                                                                                                                                                                                             |                                         |                                                                                   | Manager    Professional<br>Clerk    Service worker    Sales worker<br>Skilled agricultural, forestry and fishery worker<br>Craft and related trades worker<br>Plant and machine operator and assembler<br>Elementary worker<br>Student    Househusband<br>Member of armed forces    Unemployed |                                                                                                          |                               | Manager    Professional<br>Clerk    Service worker    Sales worker<br>Skilled agricultural, forestry and fishery worker<br>Craft and related trades worker<br>Plant and machine operator and assembler<br>Elementary worker<br>Student    Housewife<br>Member of armed forces    Unemployed |        |                      |
| ⑭ Date when your actual marriage began                                                                                                                                                                                                                                                                   |                                         |                                                                                   | From Day Month Year                                                                                                                                                                                                                                                                            |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |
| ⑮ Total number of children born to the mother                                                                                                                                                                                                                                                            |                                         |                                                                                   | Including this child :    (alive :    , deceased :    )                                                                                                                                                                                                                                        |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |
| ※ For official use only (Please do not write below details)                                                                                                                                                                                                                                              |                                         |                                                                                   |                                                                                                                                                                                                                                                                                                |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |
| Filed at Eup, Myeon, Dong                                                                                                                                                                                                                                                                                |                                         | Sent to the Family Relationship Registrar's office                                |                                                                                                                                                                                                                                                                                                |                                                                                                          |                               | Filed and Processed by the Family Relationship Registrar's office                                                                                                                                                                                                                           |        |                      |
|                                                                                                                                                                                                                                                                                                          |                                         | Resident Registration No.                                                         |                                                                                                                                                                                                                                                                                                | -                                                                                                        |                               |                                                                                                                                                                                                                                                                                             |        |                      |
|                                                                                                                                                                                                                                                                                                          |                                         | Day Month Year (Seal)                                                             |                                                                                                                                                                                                                                                                                                |                                                                                                          |                               |                                                                                                                                                                                                                                                                                             |        |                      |

| Report of Death                    |                            | ※ Please write after reading the guidelines on the back and, when required to select one option, please circle the number as follows "○".                                                                                                                                                                                |                           |                          |                           |
|------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|--------------------------|---------------------------|
| (..... Day ..... Month ..... Year) |                            |                                                                                                                                                                                                                                                                                                                          |                           |                          |                           |
| ① Deceased                         | Name                       | Korean or English                                                                                                                                                                                                                                                                                                        |                           | Sex                      | Resident Registration No. |
|                                    |                            | Chinese characters                                                                                                                                                                                                                                                                                                       |                           | ① Male ② Female          | -                         |
|                                    | Permanent domicile Address |                                                                                                                                                                                                                                                                                                                          |                           |                          |                           |
|                                    | Address                    |                                                                                                                                                                                                                                                                                                                          |                           | Householder Relationship |                           |
|                                    | Date and time of Death     | ..... Minute ..... Hour ..... Day ..... Month ..... Year<br>(Time at place of death : According to the twenty-four hour clock)                                                                                                                                                                                           |                           |                          |                           |
| Place of Death                     | Address                    | Beonji Ri Dong(Eup, Myeon) Gu(Gun) Si(Do)                                                                                                                                                                                                                                                                                |                           |                          |                           |
|                                    | Type of location           | ① House ② Medical institution<br>③ Social welfare facilities (Home for the aged, Orphanage etc)<br>④ Public establishment (School, Playground etc)<br>⑤ Road ⑥ Business ▪ Service facilities (Store, Hotel etc)<br>⑦ Industrial facility ⑧ Farm (Rice paddy, field, barn, fishfarm)<br>⑨ D.O.A (Dead on arrival) ⑩ Other |                           |                          |                           |
| ② Other facts                      |                            |                                                                                                                                                                                                                                                                                                                          |                           |                          |                           |
| ③ Reporter                         | Name                       | Seal or signature                                                                                                                                                                                                                                                                                                        | Resident Registration No. |                          | -                         |
|                                    | Relationship               | ① Cohabiting blood relative ② Non-cohabiting blood relative<br>③ Cohabitant ④ Other<br>(Head of institution / Administrator at place of death)                                                                                                                                                                           |                           |                          | Relationship              |
|                                    | Address                    |                                                                                                                                                                                                                                                                                                                          | Tel.                      |                          | E-Mail address            |
| ④ Submitter                        | Name                       |                                                                                                                                                                                                                                                                                                                          | Resident Registration No. | -                        |                           |

※ The following information is needed for establishing population policies, so you are obliged to declare truth fully under Articles 32 and 33 of the Statistics Law. Please only write the truth your privacy will be strictly protected.

|                            |                                                    |                                                                                                                                                                                                                                                                                              |                  |                                                         |                                          |
|----------------------------|----------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------|------------------------------------------|
| ⑤ Cause of death           | A                                                  | Immediate cause of death                                                                                                                                                                                                                                                                     |                  | Period from start of disease till death                 |                                          |
|                            | B                                                  | The cause of A                                                                                                                                                                                                                                                                               |                  |                                                         |                                          |
|                            | C                                                  | The cause of B                                                                                                                                                                                                                                                                               |                  |                                                         |                                          |
|                            | D                                                  | The cause of C                                                                                                                                                                                                                                                                               |                  |                                                         |                                          |
|                            |                                                    | Other related physical condition                                                                                                                                                                                                                                                             |                  | Diagnostician                                           | ① Doctor<br>② Oriental Doctor<br>③ Other |
| ⑥ Type of death            |                                                    | ① Death from an illness ② Violent death (Accidental death)<br>③ Other and non-specific ( )                                                                                                                                                                                                   |                  |                                                         |                                          |
| ⑦ Details of violent death | Type of Accident                                   | ① Transportation(Traffic) ② Poisoning<br>③ Death from a fall ④ Drowning<br>⑤ Fire ⑥ Other ( )                                                                                                                                                                                                | Intention or not | ① Unintended accident<br>② Suicide ③ Murder<br>④ Unsure |                                          |
|                            | Date of Accident                                   | ..... Minute ..... Hour ..... Day ..... Month ..... Year<br>(According to the twenty-four hour clock)                                                                                                                                                                                        |                  |                                                         |                                          |
|                            | Region of Accident                                 | ① Same Si-Gun-Gu as current address ② Other Si-Gun-Gu( SiDo, Si-Gun-Gu)<br>③ Other (please state : )                                                                                                                                                                                         |                  |                                                         |                                          |
|                            | Place of Accident                                  | ① House ② Medical institution<br>③ Social welfare facilities (Home for the aged, Orphanage etc)<br>④ Public establishment (School, Playground etc.) ⑤ Road<br>⑥ Business ▪ Service facilities (Store, Hotel etc) ⑦ Industrial facility<br>⑧ Farm (Rice paddy, field, barn, fishfarm) ⑨ Other |                  |                                                         |                                          |
| ⑧ Deceased                 | Nationality                                        | ① Korean ② Naturalized Korean citizen (Previous nationality : )                                                                                                                                                                                                                              |                  |                                                         |                                          |
|                            | Level of completed education                       | ① Uneducated ② Elementary school ③ Middle school ④ High school<br>⑤ University / College ⑥ Graduate school                                                                                                                                                                                   |                  |                                                         |                                          |
|                            | Occupation at time of accident or onset of disease |                                                                                                                                                                                                                                                                                              | Marital status   | ① Single ② Married<br>③ Divorced ④ Widowed              |                                          |

※ For official use only

|       |             |                  |
|-------|-------------|------------------|
| 읍면동접수 | 가족관계등록관서 송부 | 가족관계등록관서 접수 및 처리 |
|       | 주민등록<br>번호  |                  |
|       | 년 월 일(인)    |                  |

| Writing Method                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | ※ You should submit to write a report of death.                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| ① Deceased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>■ Permanent domicile address: If a deceased is a foreigner, write the nationality.</li> <li>■ Resident registration number: If a deceased is a foreigner, please write an alien registration number(Domestic residence registration number or the date of birth).</li> <li>■ Date and time of death :<br/>               &lt;Example&gt; PM 2hours 30minutes (X) →14hours 30minutes (O)<br/>               Night 12hours 30minutes (X) → Next day 0hour 30minutes (O)</li> <li>■ If our people passed away abroad, write the dead time of local by A.D. (Anno Domini) and the solar calendar. When he/she died in period of summertime, please write the"summertime application" by the dead time of local.</li> <li>■ Section of deathplace :<br/>               ① The house include the houses of deceased, parent and relation.<br/>               ⑩ The others include a plane, a vessel, a train and etc. except example.</li> </ul> |                                                                                                                                                         |
| ② The other facts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <ul style="list-style-type: none"> <li>■ If a medical certificate of death(death certificate of dead) isn't attached, write the reason and requirements for a clear record on a certificate of family relations.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                         |
| ③ Reporter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>■ Mark on applicable qualification with the "O" and ④ Other is included the administration of the deathplace and etc.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                         |
| ④ Submitter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <ul style="list-style-type: none"> <li>■ Please write the submitter's(Regardless of the declarer is true or not) name and resident registration number.[An acceptable official in charge identify the submitter]</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                         |
| ⑤ Cause of Death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <ul style="list-style-type: none"> <li>■ Please write all causes of death on medical certificate of death(death certificate of dead) and the other body conditions.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                         |
| ⑥ Type of death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <ul style="list-style-type: none"> <li>■ Please write a type of death on medical certificate of death(death certificate of dead) for reference. ② violent death is relevant with accidental death and etc. except disease. In case of ③ other and non-specific, enter its contents concretely.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                         |
| ⑦ Clause of violent death                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <ul style="list-style-type: none"> <li>■ In case of an accidental death, write equally as certificate of death . If there aren't the recorded items, enter type of accident, a occurred region and place of accident concretely.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                         |
| ⑧ Deceased                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <ul style="list-style-type: none"> <li>■ Final graduated school of deceased should be recorded as standard all regular organizations which is approved by the Ministry of Education, Science and Technology. In(dropout) student of each school mark as "O" the relevant number of the graduated final school.<br/>               &lt;Example&gt; Dropout of junior in college → Mark a high school of number ④ with "O"</li> <li>■ The occupation of deceased on occurring of disease(incident) has to be written thoroughly the occupation at occurrence of disease and accident of dead cause time. &lt;Example&gt; Employee → Detailer, department of business, ○○company (O)</li> </ul>                                                                                                                                                                                                                                                                                     |                                                                                                                                                         |
| Required Document(s)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                         |
| <ol style="list-style-type: none"> <li>1. Medical certificate or death certificate of deceased. 1 copy.</li> <li>2. A written to be proved the fact of death. (If can't attach medical certificate or death certificate):<br/>               One set of belows               <ul style="list-style-type: none"> <li>- Certificate of Death(Certificate of death to be written by head of Dong-Ri-Tong or more than two companions): If the certifier is companion(more than two persons), it should be attached one set of among their certificate of seal impression, copy of identification card, copy of driver's license, copy of passport and copy of public official card. If head of Dong-Ri-Tong is certifier, is enough to be proved by one person and in principle, it should be attached a written for certifying head of Dong-Ri-Tong .</li> <li>- Death certificate of government office or burial permit and approval.</li> <li>- Acceptance certificate for report of death (In case of death report at foreign government office)</li> </ul> <b>※ Below No. 3 can be omitted if the contents is checked by computer at office of family relation registration.</b> </li> <li>3. Basic certificate of the deceased's family relation register. 1 set.</li> <li>4. Identification. [In accordance with Article 23 of the established rule for family relation register]               <ul style="list-style-type: none"> <li>- In case of reporter's attendance : Identification card</li> <li>- In case of submitter's attendance : Copy of reporter's identification card, a submitter's identification card</li> <li>- In case of postal submission : Copy of reporter's identification card.</li> </ul> </li> <li>5. If a deceased is foreigner : Written(passport or alien registration card) for certifying the nationality.</li> </ol> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                         |
| <b>※ Information of limited approval and inheritance waiver of property</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | * This information is the contents regardless of a death report.<br>Please ask detail information to public service center of family or district court. |
| <ol style="list-style-type: none"> <li>1. Meaning : Limited approval - To approve an inheritance within limit of the inherited property.<br/>               Waiver - To waive the succession of all right and obligation about inheritance property</li> <li>2. Method : Limited approval - Please report to family court with inheritance property list.<br/>               Waiver - Please report to family court the waiver.</li> <li>3. Period of report : Within 3 months from the day to be known the start of inheritance<br/>               (In accordance with the Proviso of Article 1019, Paragraph 1 of the Civil Law)<br/>               If the heir don't know that the inherited debt is over the inherited property during period of report without gross negligence and if he approved as simple(Include the case of simple approval in accordance with Article 1026 section 1 and 2 of civil law) can approve as limit within 3 months from day to be known the fact.</li> <li>4. Jurisdiction : Competent court in starting region of inheritance [(Last) address of inheritee]</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                         |

# Report of Death

## [사망신고서]

### ① Deceased (사망자)

- Please write a deceased's Korean or English name and in Chinese characters.  
(사망자의 한글 이름과 한자로 쓰세요.)
- Please write a deceased's sex and resident registration number.  
(사망자의 성별과 주민등록번호를 쓰세요.)

### ❖ Resident registration number (주민등록번호)

If a deceased is a foreigner, please write an alien registration number.

(Domestic residency registration number or the date of birth)

(해당자가 외국인인 경우에는 외국인 등록번호(국내거소신고번호 또는 출생연월일)를 기재합니다.)

- Please write a deceased's Permanent domicile address.  
(사망자의 등록 기준지를 쓰세요.)

### ❖ Permanent domicile address: (등록 기준지)

If a deceased is a foreigner, please write the nationality.

(사망자가 외국인인 경우에는 그 등록기준지에 국적을 기재해 주세요.)

- Please write a deceased's address. (사망자의 주소를 쓰세요.)
- Please write the relations between a householder and a deceased.  
(세대주 관계와 사망자의 관계를 쓰세요.)
- Please write the date and time at place of death according to the twenty-four hour clock.  
(사망지의 시간을 24시각제로 기재해 주세요.)

### ❖ Date and time of death (사망 일시)

<Example> PM 2hours 30minutes (X) → 14hours 30minutes (O)

Night 1hour 30minutes (X) → Next day 0hour 30minutes (O).

- ❖ If Korea citizens passed away overseas, please write the dead time of local by A.D.(Anno Domini) and the solar calendar. And when he/she died a period of summertime, please write the "period of summertime" by the dead time of local.

(우리나라 국민이 외국에서 사망한 경우, 현지 사망시각을 서기 및 태양력으로 기재하시고 서머타임 기간 중에 사망하였다면 사망자 시각 옆에 "서머타임 적용"

이라고 표시하세요.)

- Please write an address of deathplace  
(사망지 주소를 기재해주세요.)
- Please select the deathplace out of following number  
(아래의 숫자 중 사망지를 선택해주세요.)

※ Classification of deathplace

① House 주택

※ The house include the house of deceased, parent and relative.

(주택은 사망 장소가 사망자의 집이거나 부모, 친척 등의 집에서 사망한 경우를 포함합니다.)

② Medical institution 의료기관

③ Social welfare institution [Home for the aged, Orphanage etc]

(사회복지시설 [양로원, 고아원 등])

④ Public establishment(School, Playground etc) (공공시설(학교, 운동장 등))

⑤ Road 도로

⑥ Business ▪ Service facilities.(Store, Hotel etc) 상업 ▪ 서비스시설 (상점, 호텔 등)

⑦ Industrial facility 산업장

⑧ Farm(Rice paddy, field, barn, fishfarm) 농장 (논밭, 축사, 양식장 등)

⑨ D.O.A (Dead on arrival) 병원 이송 중 사망

⑩ Other ( ) 기타

※ Please write the place included a plane, a vessel, a train etc except above example. (기타는 예시 외에 비행기, 선박, 기차 등을 포함합니다.)

## ② Other facts

- Please write the reason that a medical certificate of death is not affixed.  
(사망진단서를 첨부하지 않은 이유를 기재해 주세요.)
- ※ If a medical certificate of death is not affixed, please write the reason and the special requirements for a clear record on a certificate of family relations.  
(사망진단서(시체검안서) 미 첨부 시 그 사유 등 가족 관계 등록부에 기록을 분명히 하는데 특히 필요한 사항을 기재한다.)

## ③ Reporter

- Please write the reporter's name, sign or seal and resident registration number.  
(신고인의 성명, 사인이나 도장을 찍고 주민등록번호를 기재해주세요.)
- Please select the relationship with reporter out of following number.  
(아래의 번호 중 신청인의 자격을 선택해 주세요.)
- ① Cohabiting relative 동거 친족    ② Non-cohabiting blood relative 비동거 친족
- ③ Cohabitant 동거자

④ Other [Head of Protective institution/Director at place of death, etc.]  
(기타 [보호 시설장/ 사망 장소 관리장 등])

■ Please write the relations between the applicant and deceased.  
(신고인과 사망자와의 관계를 기재해주세요.)

■ Please write the reporter's address, phone number and e-mail.  
(신고인의 주소, 전화번호, 이메일을 기재해 주세요.)

※ Please mark the applicable relationship with the "O" and other includes the management chief of the deathplace, etc.  
(해당되는 자격에 "○"으로 표시하시고 기타는 사망 장소를 관리하는 자 등이 포함됩니다.)

#### ④ Submitter 제출인

■ Please write a submitter's name and resident registration number.  
(제출인의 성별과 주민등록번호를 쓰세요.)

※ (Regardless of the declarer is true or not) 신고인 여부와 관계없음  
[An acceptable official in charge identify the submitter].  
([접수한 담당 공무원은 제출인의 신원을 확인한다.])

❖ The following information is needed for establishing population policies, so you are obliged to declare truth fully under Articles 32 and 33 of 「The Statistics Law」. Please only write the truth your privacy will be strictly protected.  
(다음은 국가의 인구정책 수립에 필요한 자료로 「통계법」 제32조 및 제33조에 의하여 성실응답 의무가 있으며 개인의 비밀사항이 철저히 보호되므로 사실대로 기입하여 주시기 바랍니다.)

#### ⑤ The Cause of Death 사망의 원인

■ Please write a dead cause as a medical certificate of death.  
(사망자의 직접적인 사망 원인을 기재해 주세요.)

Ⓐ Immediate cause of death. 사망의 직접적인 원인

Ⓑ The cause of Ⓐ Ⓐ 의 원인

Ⓒ The cause of Ⓑ Ⓑ 의 원인

Ⓓ The cause of Ⓒ Ⓒ 의 원인

❖ Please write the same that a medical certificate of death is all cause of death and another physical condition.  
(사망진단서(시체검안서)에 기재된 모든 사망의 원인 및 그 밖의 신체상황 내용을 동일하게 기재합니다.)



※ Period from start of disease till death. 발병부터 사망까지 기간

- Please write the period from start of disease till death.  
(사망자의 병이 발병부터 사망까지 기간을 기재해주세요.)

※ Another physical condition

- Please write another physical condition of deceased as a medical certificate of death.  
(사망자의 또 다른 신체상황을 기재해 주세요.)
- Please select the diagnosable doctor out of following number.  
(아래의 번호 중 사망자의 진단자를 선택해 주세요.)

※ Diagnostician 진단자

- ☐ 1 Doctor 의사   ☐ 2 Oriental Doctor 한의사   ☐ 3 Other 기타

## ⑥ Type of Death (사망의 종류)

- Please select the type of death out of following number.
  - ☐ 1 Death from an illness 병사
  - ☐ 2 Violent death [Accidental death, etc] 외인사 (사고사, 등)
  - ☐ 3 Other and non-specific 기타 및 불상

❖ Please write type of death on certificate of death as reference and a violent death of number ☐ 2 includes only accidental death except disease. Also if you select No ☐ 3, please write its contents concretely.

(사망 진단서(시체검안서)에 기재된 사망의 종류는 사망진단서를 참고로 기재하고, 사고사는 진단서상에 외인사에 해당하며, 기타인 경우 그 내용을 구체적으로 기재합니다.)

## ⑦ Details of a violent death (외인사 사항)

- Please select details of a violent death out of following number.  
(아래 번호 중 외인사 사항을 선택해 주세요.)

※ Type of an accident (사고 종류)

- ☐ 1 Transportation(Traffic) 운수(교통)   ☐ 2 Poisoning 중독  
☐ 3 Death from a fall 추락   ☐ 4 Drowning 익사  
☐ 5 Fire 화재   ☐ 6 Other 기타

※ Intentional or not (의도성 여부)

- ☐ 1 Unintended accident 비의도적 사고   ☐ 2 Suicide 자살  
☐ 3 Murder (타살)   ☐ 4 Unsure 미상

※ Date and time of accident (사고 일시)

- Please write the date and time of accident according to twenty-four hour clock.

(사망 일시를 24시각제로 기재해 주세요.)

※ Region of accident 사고 지역

- Please select the region of accident out of following number.

(아래의 번호 중에 사고 지역을 선택해 주세요.)

① A city, country and district like the current address (현주소지와 같은 시군구)

② Other city, country and district (다른 시군구)

- If you select number 2, please write the concrete city, provinces, country, district.

(만약 2번을 선택했다면 자세한 시, 도, 군, 구 기재해주세요.)

(            City/provinces,            country/district)

③ Other 기타

※ Place of accident (사고 장소)

- Please select the place of accident out of following number.

(아래의 번호 중에 사고 장소를 선택해 주세요.)

① House 주택                      ② Medical institution 의료 시설

③ Social welfare institution [Home for the aged, Orphanage etc]

(사회 복지 시설 [양로원, 고아원 등])

④ Public establishment(School, Playground etc.) 공공시설 (학교, 운동장 등)

⑤ Road 도로

⑥ Business ▪ Service facilities(Store, Hotel etc) 상업 ▪ 서비스 시설 (상점, 호텔 등)

⑦ Industrial facility (산업장)

⑧ Farm(Rice paddy, field, barn, fishfarm) 농장 (논밭, 축사, 양식장 등)

⑨ D.O.A (Dead on arrival). 병원 이송 중 사망

⑩ Other 기타

- ❖ In case of an accidental death write as certificate of death equally. If it is not recorded the contents, please write type of accident, region and place of accidental occurrence concretely.

(사고사로 사망한 경우에는 사망 진단서와 동일하게 기재한다. 기재할 내용이 없는 경우 사고의 종류, 사고 발생지역 및 장소를 구체적으로 기재해 주세요.)

⑧ Deceased 사망자

※ Nationality 국적

- Please select the nationality of deceased out of following number.

(아래의 번호 중 사망자의 국적을 선택해 주세요.)

① Korean 한국인

☐ Naturalized Korean (Previous nationality :     ) 귀화한 한국인 (이전의 국적 :     )

- Please select the graduate school out of following number.

(아래의 번호 중 최종 졸업 학교를 선택해 주세요.)

- ☐ Uneducated 무학                      ☐ Elementary school 초등학교  
☐ Middle school 중학교                  ☐ High school 고등학교  
☐ University /College 대학(교)   ☐ Graduate school 대학원 이상

- ❖ The graduate school of deceased should be recorded all formal organizations that Ministry of Education, Science and Technology recognizes. And a student (dropout) of each school mark the relevant number of the last graduation school with "O".

(사망자의 최종 졸업 학교는 교육과학기술부장관이 인정하는 모든 정규기관을 기준으로 기재되어야 하고, 각급 학교의 재학(중퇴)자는 졸업한 최종학교의 해당 번호에 ○ 표시를 합니다.)

<Example> Dropout of junior in college → Mark a high school of number 4 with "O"  
(<예시> 대학교 3학년 중퇴 → 4번 고등학교에 "O" 표시)

- ※ Then occupation on starting of disease(incident) 발병(사고) 당시 직업

- Please write the occupation on starting of disease(incident).

(발병(사고) 당시의 직업을 기재해 주세요.)

- ❖ The occupation on starting of disease(incident) of deceased is written concretely the occupation on occurrence of disease or accident make to die.  
(사망자의 발병(사고)당시 직업은 사망의 원인이 되는 질병 또는 사고가 발생 한 때의 직업을 구체적으로 기재합니다.)

<Example> Employee → Detailer. department of business, ○○company (○).

(<예시> 회사원(×) → ○○회사 영업부 판촉사원(○)

공무원(×) → ○○ 청 건축허가 업무담당(○))

- ※ Marital status 혼인 상태

- ☐ Single 미혼                      ☐ Married 배우자 있음  
☐ Divorced 이혼                  ☐ Widowed 사별

## ❖ Required Document(s)

1. Certificate of Death or Medical certificate of death about deceased 1 copy  
(사망자에 대한 진단서나 검안서 1부.)
2. Document(s) be proved fact of death (사망의 사실을 증명할 만한 서면)  
(If a medical certificate of death can not be affixed) : 1 copy out of following  
(진단서나 검안서를 첨부할 수 없을 때): 아래 중 1부.

- Certificate of Death (Head of Dong and Ri or neighborhood more than 2 people recorded certificate of death). If the provable people are neighborhood (more than 2 people), it should be affixed 1 copy among their certificate of seal impression, copy of resident register, copy of a driving license, copy of passport, identification of public official should be affixed. In event of head of Dong/Ri is enough to prove just 1 person, it should be affixed the provable document of head of Dong/Ri in principle.

(사망증명서(동·리·통장 또는 인우 2명 이상이 작성한 사망증명서) : 증명인이 인우인(2명 이상)인 경우에는 증명인의 인감증명서, 주민등록증사본, 운전 면허증사본, 여권사본, 공무원증사본 중 1부 첨부하여야 하며, 증명인이 동·리·통장일 때에는 1명의 증명으로 족하고 원칙적으로 동·리·통장임을 증명하는 서면 첨부해야 한다.)

- Certificate of death in government office or a certificate of burial

(관공서의 사망증명서 또는 매장인허증)

- Certificate for report process of death (사망신고수리증명서)

(In case of the report in government office of overseas)

(외국관공서에 사망 신고한 경우)

- ※ Under 3 clause can be omitted if the department in charge of family relation certification can check this information.

(아래 3항은 가족관계등록관서에서 전산으로 그 내용을 확인할 수 있는 경우 첨부를 생략합니다.)

### 3. Basic certificate of the deceased's a family relation register 1 copy

(사망자의 가족관계등록부의 기본증명서 1통)

### 4. Identification (신분확인)

[In accordance with Article 23 in a certificate of family relations register]

([가족관계등록예규 제23호에 의함])

- Application by visit : Certificate of identification

(신고인이 출석한 경우 : 신분증명서)

- Submitter by visit : Copy of an applicant's identification certificate, a submitter's identification certificate

(제출인이 출석한 경우 : 신고인의 신분증명서 사본 및 제출인의 신분증명서)

- Application by mail : Copy of an applicant's identification certificate

(우편제출의 경우 : 신고인의 신분증명서 사본)

### 5. If a deceased is foreigner, it should be submitted writing(passport or alien registration card) copy about nationality.

(사망자가 외국인이라면 국적에 관한 서면 (여권 또는 외국인 등록증) 사본 제출해야 한다.)

[Annex Form No.1] <Revised 2010.6.3>

| <b>Family Relation Certificate</b><br>가족관계증명서                                                                                                                            |                 |                        |                                     |           |                            |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------------------|-------------------------------------|-----------|----------------------------|
| Permanent domicile address<br>등록기준지                                                                                                                                      |                 |                        |                                     |           |                            |
| Section<br>구분                                                                                                                                                            | Full Name<br>성명 | Date of Birth<br>출생년월일 | Resident Registration No.<br>주민등록번호 | Sex<br>성별 | Origin of Family Name<br>본 |
| Self<br>본인                                                                                                                                                               |                 |                        |                                     |           |                            |
| <b>Family Information</b><br>가족사항                                                                                                                                        |                 |                        |                                     |           |                            |
| Section<br>구분                                                                                                                                                            | Full Name<br>성명 | Date of Birth<br>출생년월일 | Resident Registration No.<br>주민등록번호 | Sex<br>성별 | Origin of Family Name<br>본 |
| Father<br>부                                                                                                                                                              |                 |                        |                                     |           |                            |
| Mother<br>모                                                                                                                                                              |                 |                        |                                     |           |                            |
| Spouse<br>배우자                                                                                                                                                            |                 |                        |                                     |           |                            |
| Child<br>자녀                                                                                                                                                              |                 |                        |                                     |           |                            |
| Child<br>자녀                                                                                                                                                              |                 |                        |                                     |           |                            |
| This certifies that above family relation certificate fully reflects the information in the original family relation register.<br>위 가족관계증명서는 가족관계등록부의 기록사항과 틀림없음을 증명합니다. |                 |                        |                                     |           |                            |
| <div style="display: flex; justify-content: space-around; align-items: flex-end;"> <div>Day<br/>년</div> <div>Month<br/>월</div> <div>Year<br/>일</div> </div>              |                 |                        |                                     |           |                            |

| Basic Certificate 기본증명서                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                              |                        |                                 |           |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------|-----------|----------------------------|
| Permanent domicile address<br>등록기준지                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                              |                        |                                 |           |                            |
| Section 구분                                                                                                                                                                                                                                                                      | Details 상세내용                                                                                                                                                                                                                                                                 |                        |                                 |           |                            |
| Registration<br>작성                                                                                                                                                                                                                                                              | [Registering date of family relation register] Day Month Year<br>[가족관계등록부작성일] 년 월 일<br>[Reason for register] In accordance with Article 3 Section 1 addenda of the Family Relation Register Law<br>[작성사유] 가족관계의 등록 등에 관한 법률 부칙 제3조제1항                                        |                        |                                 |           |                            |
| Modifications<br>변경                                                                                                                                                                                                                                                             | [Date of modification] Day Month Year<br>[변경일] 년 월 일<br>[Previous permanent domicile address]<br>[전 등록기준지]<br>[Processing government office]<br>[처리관서]                                                                                                                       |                        |                                 |           |                            |
| Section<br>구분                                                                                                                                                                                                                                                                   | Full Name<br>성명                                                                                                                                                                                                                                                              | Date of Birth<br>출생년월일 | Resident Register No.<br>주민등록번호 | Sex<br>성별 | Origin of Family Name<br>본 |
| Self<br>본인                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                              |                        |                                 |           |                            |
| Informations of general register 일반등록사항                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                              |                        |                                 |           |                            |
| Section 구분                                                                                                                                                                                                                                                                      | Details 상세내용                                                                                                                                                                                                                                                                 |                        |                                 |           |                            |
| Birth<br>출생                                                                                                                                                                                                                                                                     | [Place of birth]<br>[출생장소]<br>[Date of report] Day Month Year<br>[신고일] 년 월 일<br>[Reporter]<br>[신고인]                                                                                                                                                                          |                        |                                 |           |                            |
| Reinstatement<br>of nationality<br>국적회복                                                                                                                                                                                                                                         | [Permission date for reinstatement of nationality]<br>[국적회복허가일]<br>[Previous nationality]<br>[국적회복전국적]<br>[Date of report]<br>[신고일]<br>[Reporter]<br>[신고인]<br>[Date of sent]<br>[송부일]<br>[Sender]<br>[송부자]                                                                   |                        |                                 |           |                            |
| Change of<br>name<br>개명                                                                                                                                                                                                                                                         | [Permission date for change of name]<br>[개명허가일]<br>[Court of permission]<br>[허가법원]<br>[Date of report]<br>[신고일]<br>[Reporter]<br>[신고인]<br>[Previous name]<br>[개명전이름]<br>[New name]<br>[개명후이름]                                                                                |                        |                                 |           |                            |
| Correction<br>정정                                                                                                                                                                                                                                                                | [Date of correction by official authority]<br>[직권정정서작성일]<br>[Date of correction]<br>[정정일]<br>[Resident Registration No. of before correction]<br>[정정전 주민등록번호]<br>[Resident Registration No. of after correction]<br>[정정후 주민등록번호]<br>[Processing Government office]<br>[처리관서] |                        |                                 |           |                            |
| This certifies that above basic certificate fully reflects the information in the original family relation register.<br>위 기본증명서는 가족관계등록부의 기록사항과 틀림없음을 증명합니다.<br><div style="text-align: right;">             Day    Month    Year<br/>             년    월    일           </div> |                                                                                                                                                                                                                                                                              |                        |                                 |           |                            |

| <b>Marital Relation Certificate</b><br>혼인관계증명서                                                                                                                            |                                                                                                                                                      |                        |                                     |           |                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|-------------------------------------|-----------|----------------------------|
| Permanent domicile address<br>등록기준지                                                                                                                                       |                                                                                                                                                      |                        |                                     |           |                            |
| Section<br>구분                                                                                                                                                             | Full Name<br>성명                                                                                                                                      | Date of Birth<br>출생년월일 | Resident Registration No.<br>주민등록번호 | Sex<br>성별 | Origin of Family Name<br>본 |
| Self<br>본인                                                                                                                                                                |                                                                                                                                                      |                        |                                     |           |                            |
| <b>Marriage Information</b><br>혼인사항                                                                                                                                       |                                                                                                                                                      |                        |                                     |           |                            |
| Section<br>구분                                                                                                                                                             | Full Name<br>성명                                                                                                                                      | Date of Birth<br>출생년월일 | Resident Registration No.<br>주민등록번호 | Sex<br>성별 | Origin of Family Name<br>본 |
| Spouse<br>배우자                                                                                                                                                             |                                                                                                                                                      |                        |                                     |           |                            |
| Section<br>구분                                                                                                                                                             | <b>Details</b><br>상세내용                                                                                                                               |                        |                                     |           |                            |
| Marriage<br>혼인                                                                                                                                                            | [Date of report]      Day      Month      Year<br>[신고일]      년      월      일<br>[Spouse]Full name<br>[배우자]이름                                         |                        |                                     |           |                            |
| Divorce<br>이혼                                                                                                                                                             | [Reported date of divorce agreement]<br>[협의이혼신고일]<br>[Spouse]<br>[배우자]                                                                               |                        |                                     |           |                            |
| Marriage<br>혼인                                                                                                                                                            | [Date of report]<br>[신고일]<br>[Spouse]<br>[배우자]<br>[Resident registration No. of spouse]<br>[배우자의 주민등록번호]<br>[Processing government office]<br>[처리관서] |                        |                                     |           |                            |
| This certifies that above marital relation certificate fully reflects the information in the original family relation register.<br>위 혼인관계증명서는 가족관계등록부의 기록사항과 틀림없음을 증명합니다. |                                                                                                                                                      |                        |                                     |           |                            |
| Day      Month      Year<br>년      월      일                                                                                                                               |                                                                                                                                                      |                        |                                     |           |                            |

## 통합신청서 (신고서) APPLICATION FORM (REPORT FORM)

### □ 업무선택 SELECT APPLICATION

|                                                                     |                                                                                                  |                                                                                                                         |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> 외국인 등록<br>ALIEN REGISTRATION               | <input type="checkbox"/> 체류자격외 활동허가<br>ENGAGE IN ACTIVITIES NOT COVERED BY THE STATUS OF SOJOURN | PHOTO<br>여권용사진(35mm×45mm)<br><br>외국인 등록 및<br>등록증 재발급 시에만<br>사진 부착<br>Photo only for<br>Alien Registration<br>(Reissued) |
| <input type="checkbox"/> 등록증 재발급<br>REISSUANCE OF REGISTRATION CARD | <input type="checkbox"/> 근무처변경·추가허가 / 신고<br>CHANGE OR ADDITION OF WORKPLACE                      |                                                                                                                         |
| <input type="checkbox"/> 체류기간 연장허가<br>EXTENSION OF SOJOURN PERIOD   | <input type="checkbox"/> 재입국허가 (단수, 복수)<br>REENTRY PERMIT (SINGLE, MULTIPLE)                     |                                                                                                                         |
| <input type="checkbox"/> 체류자격 변경허가<br>CHANGE OF STATUS OF SOJOURN   | <input type="checkbox"/> 체류지 변경신고<br>ALTERATION OF RESIDENCE                                     |                                                                                                                         |
| <input type="checkbox"/> 체류자격 부여<br>GRANTING STATUS OF SOJOURN      | <input type="checkbox"/> 등록사항 변경신고<br>CHANGE OF INFORMATION ON ALIEN REGISTRATION                |                                                                                                                         |

|                                                                     |                                |                                      |                      |                                 |                                                              |
|---------------------------------------------------------------------|--------------------------------|--------------------------------------|----------------------|---------------------------------|--------------------------------------------------------------|
| 성명<br>Name In Full                                                  | 성 Surname                      | 명 Given names                        | 漢字姓名                 | 성별<br>Gender                    | <input type="checkbox"/> 남 M<br><input type="checkbox"/> 여 F |
| 생년월일 또는 외국인등록번호<br>Date of Birth or Alien Registration No. (If any) | 년<br>Year                      | 월<br>Month                           | 일<br>Day             | 외국인등록번호 후단<br>Registration No.  | 국적<br>Nationality<br>/ Others                                |
| 여권 번호<br>Passport No.                                               | 여권 발급일자<br>Passport Issue Date |                                      |                      | 여권 유효기간<br>Passport Expiry Date |                                                              |
| 대한민국 내 주소<br>Address In Korea                                       |                                |                                      |                      |                                 |                                                              |
| 전화 번호 Telephone No.                                                 |                                |                                      | 휴대 전화 Cell phone No. |                                 |                                                              |
| 본국 주소<br>Address In Home Country                                    |                                |                                      |                      | 전화 번호<br>Telephone No.          |                                                              |
| 근무처<br>Workplace                                                    | 원 근무처<br>Current Workplace     | 사업자등록번호<br>Business Registration No. |                      | 전화 번호<br>Telephone No.          |                                                              |
|                                                                     | 예정 근무처<br>New Workplace        | 사업자등록번호<br>Business Registration No. |                      | 전화 번호<br>Telephone No.          |                                                              |
| 재입국 신청 기간 Intended Period Of Reentry                                |                                |                                      | 이메일 E-Mail           |                                 |                                                              |

|                         |                            |
|-------------------------|----------------------------|
| 신청일 Date of application | 신청인 서명 또는 인 Signature/Seal |
|-------------------------|----------------------------|

|            |                                                                                                             |
|------------|-------------------------------------------------------------------------------------------------------------|
| 신청인 제출서류   | 「출입국관리법 시행규칙」 별표 5의2(체류자격외활동허가신청 등 첨부서류)의 체류자격별·신청구분별 첨부서류 참고                                               |
| 담당공무원 확인사항 | 「출입국관리법 시행규칙」 별표 5의2(체류자격외활동허가신청 등 첨부서류)에 따라 사업자등록증 사본, 법인등기 사항전부증명서, 건설업등록증 사본, 주민등록표 등·초본이 첨부서류로 되어 있는 경우 |

#### 행정정보 공동이용 동의서 (Consent for sharing of administrative information)

본인은 이 건 업무처리와 관련하여 담당 공무원이 「전자정부법」 제36조에 따른 행정정보의 공동이용을 통하여 위의 담당 공무원 확인 사항을 확인하는 것에 동의합니다. \*동의하지 아니하는 경우에는 신청인이 직접 관련 서류를 제출하여야 합니다.

I, the undersigned, hereby consent to allow all documents and information required for the processing of this application to be viewed by the public servant in charge. As specified under E-government Law, article 36. \*If you disagree, you will present all related documents yourself.

|                  |                                                        |                                                                  |                           |
|------------------|--------------------------------------------------------|------------------------------------------------------------------|---------------------------|
| 신청인<br>Applicant | 서명 또는 인 신청인의 배우자<br>signature/seal Spouse of applicant | 서명 또는 인 신청인의 부 또는 모<br>signature/seal Father/Mother of applicant | 서명 또는 인<br>signature/seal |
|------------------|--------------------------------------------------------|------------------------------------------------------------------|---------------------------|

#### 공 용 란 (For Official Use Only)

|           |           |       |       |
|-----------|-----------|-------|-------|
| 기본 사항     | 최초입국일     | 체류자격  | 체류기간  |
| 접수 사항     | 접수일자      | 접수번호  |       |
| 허가(신고) 사항 | 허가(신고) 일자 | 허가 번호 | 체류자격  |
|           |           |       | 체류기간  |
| 결 재       | 담 당       |       | 소 장   |
|           |           |       | 가 / 부 |

|                                                                 |         |
|-----------------------------------------------------------------|---------|
| 수입인지 첨부란 (Revenue Stamp Here) / 수수료 면제 (exemption) [ ] (면제사유: ) | 심사 특이사항 |
|-----------------------------------------------------------------|---------|



위임장 Letter of Attorney

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                                                                                     |                                                     |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---|
| 위임자<br>Mandator                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 성명<br>Name                        |                                                                                                                                                     | 외국인등록번호<br>Foreigner Registration No.               | - |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 주소 및 연락처<br>Address & Contact No. |                                                                                                                                                     | ☎)                                                  |   |
| 대리인<br>Proxy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 성명<br>Name                        |                                                                                                                                                     | 주민(외국인)등록번호<br>Resident(Foreigner) Registration No. | - |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 주소 및 연락처<br>Address & contact No. |                                                                                                                                                     | ☎)                                                  |   |
| 위임자와 대리인의 관계<br>Relationship between mandator and proxy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                   |                                                                                                                                                     |                                                     |   |
| 사용용도<br>Usage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                   |                                                                                                                                                     |                                                     |   |
| 위임할 내용<br>Contents to Delegate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                   | <input type="checkbox"/> 체류지 변경신고 Report on alteration of residence<br><input type="checkbox"/> 국내거소이전신고 Report on alteration of domestic residence |                                                     |   |
| <div>출입국관리법 시행규칙 75조 및 공공기관의 개인정보보호에 관한 법률 제10조의 규정에 따라 위와 같이 증명원 신청 및 발급에 관한 권리와 의무를 대리인에게 위임합니다.<br/>In accordance with Article 75 of the Enforcement Regulation of Immigration Control Act and Article 10 of the Regulation of Law about Privacy Information Protection in government office, I hereby delegate to proxy the rights and the duties regarding the application and issuance of the certificate as above.</div> <div>                    년                    월                    일<br/>Day                    Month                    Year</div> <div>위임하는 사람                                        (인)<br/>Mandator                                                       (Seal)</div>                                                                                                                                                                                                                                  |                                   |                                                                                                                                                     |                                                     |   |
| 유의사항 및 첨부서류 Instructions and Required Documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                   |                                                                                                                                                     |                                                     |   |
| <div>1. 사문서위조 또는 기타 부정한 방법으로 공공기관으로부터 처리정보를 열람 또는 제공받은 자는 2년 이하의 징역 또는 700만원 이하의 벌금에 처해집니다.<br/>Person who is browsed or offered processing information from government office by forgery of private document or by illegal method shall be sentenced to less than 2 years' imprisonment or a fine of less than seven millions won.</div> <div>2. 첨부서류 Required documents.<br/>가. 위임하는 사람의 신분증(            외국인등록증), 혼인관계증명서(배우자가 외국인일 경우)<br/>Identification card(Alien registration card) of person to delegate, certificate of marital relation (If his/her spouse is foreigner,).<br/>나. 미성년이거나 위임하는 부모와 자녀와의 가족증명이 필요한 경우 의료보험증 또는 출생증명서 등 가족관계 입증서류 제시<br/>Documentary evidence (medical insurance, birth certificate etc.) that shows the family relationship (if an applicant is a minor and a proxy/representative is his/her parents).<br/>다. 대리인의 신분증 지참하여 제시<br/>Please submit identification card of proxy/representative.</div> |                                   |                                                                                                                                                     |                                                     |   |

# Letter of Attorney

## [위임장]

### ▷ Mandator 위임자

- Please write the name of mandator.  
위임자의 이름을 기재해 주세요.
- Please write the foreigner registration number of mandator.  
위임자의 외국인등록번호를 기재해 주세요.
- Please write the address and phone number of mandator.  
위임자의 주소와 전화번호를 기재해 주세요.

### ▷ Proxy 대리인

- Please write the name of proxy.  
대리인의 이름을 기재해 주세요.
- Please write the foreigner registration number of proxy.  
대리인의 외국인등록번호를 기재해 주세요.
- Please write the address and phone number of proxy.  
대리인의 주소와 전화번호를 기재해 주세요.

### ▷ Relationship between a mandator and a proxy.

위임자의 대리인의 관계

- Please write the relationship between a mandator and a proxy.  
위임자의 대리인의 관계를 기재해 주세요.

### ▷ Usage 사용용도

- Please write the usage of letter of attorney.  
위임장의 사용용도를 기재해 주세요.

### ▷ Contents to delegate 위임할 내용

- Please select the contents to delegate.  
위임할 내용을 선택해 세요.

❖ In accordance with Article 75 of the Enforcement Regulation of Immigration Control Act and Article 10 of the Regulation of Law about Privacy Information Protection in government office, I hereby delegate to

proxy the rights and the duties regarding the application and issuance of the certificate as above.

출입국관리법 시행규칙4 75조 및 공공기관의 개인정보보호에 관한 법률 제10조의 규정에 따라 위와 같이 증명원 신청 및 발급에 관한 권리와 의무를 대리인에게 위임합니다.

- Please write the writing date.

작성 일자를 기재해 주세요.

- Please write the mandator's name and put the his/her seal.

위임하는 사람의 이름과 날인해 주세요.

### Instructions and Required Documents

1. Person who browsed or offered processing information from government office by forgery of private document or unlawful method is sentenced fewer than 2 years or fewer than 7 million won.

사문서위조 또는 기타 부정한 방법으로 공공기관으로부터 처리정보를 열람 또는 제공 받은 자는 2년 이하의 징역 또는 700만원 이하의 벌금에 처해집니다.

2. Required documents 첨부 서류

- A. Mandator's identification card (or certificate of foreigner registration), certificate of marital relation (If his/her spouse is foreigner).

위임하는 사람의 신분증 (                      외국인등록증), 혼인관계증명서(배우자가 외국인일 경우)

- B. Documentary evidence (medical insurance, birth certificate etc.) that shows the family relationship (if an applicant is a minor and a representative is his/her parents).

미성년이어서 위임하는 부모와 자녀와의 가족증명이 필요할 경우 의료보험증 또는 출생증명서 등 가족관계 입증서류 제시

- C. If a representative/proxy visits, then a representative/proxy's identification card. 대리인의 신분증 지참하여 제시

## 사실증명 발급·열람 신청서

### (APPLICATION FOR ISSUANCE / INSPECTION OF CERTIFICATE OF FACT)

※ 본인이 직접 증명발급을 신청하는 경우 신청서를 작성하지 않고 신분증만 제시하면 됩니다.  
If you apply for the certificate for yourself, you may submit ID card only, without filling out the application form.

※ 뒤쪽의 유의사항을 참고하여 작성하기 바랍니다.

| 접수번호<br>(Receipt No.)                                                                                                                                                     | 접수일<br>(Receipt Date)                                                                            | 발급일<br>(Issue Date) | 처리기간<br>(Processing Period)                                                                                       | 즉시<br>(Immediately) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------|---------------------|
| 발급대상자<br>(위임한 사람)<br>Principal<br>(Authorizing Person)                                                                                                                    | 성명 (Full name)                                                                                   |                     | 연락처 (Phone No.)                                                                                                   |                     |
|                                                                                                                                                                           | 주민등록번호(외국인등록번호) (Resident Registration No. (Alien Registration No.))                             |                     |                                                                                                                   |                     |
| 증명종류<br>Type of Certificate                                                                                                                                               | <input type="checkbox"/> 출입국에 관한 사실증명 ( )통 Certificate of Fact on Entry and Exit ( ) copy(ies)   |                     |                                                                                                                   |                     |
|                                                                                                                                                                           | <input type="checkbox"/> 외국인등록 사실증명 ( )통 Certificate of Fact on Alien Registration ( ) copy(ies) |                     |                                                                                                                   |                     |
|                                                                                                                                                                           | <input type="checkbox"/> 외국인등록 열람 ( )건 Inspection of Alien Registration ( ) time(s)              |                     |                                                                                                                   |                     |
| 출입국에 관한 사실증명의 영문 성명 병기신청 (국민만 해당)<br>This question is for Koreans only                                                                                                    |                                                                                                  |                     | <input type="checkbox"/> 포함 Yes <input type="checkbox"/> 미포함 No                                                   |                     |
| 외국인등록 사실증명의 경우, 과거 등록번호(주민등록·외국인등록·국내거소신고 번호) 및 체류지 포함 여부<br>I want previous registration number and address to be shown on the Certificate of Fact on Alien Registration |                                                                                                  |                     | 과거 등록번호 Previous Registration Number<br><input type="checkbox"/> 포함 Yes <input type="checkbox"/> 미포함 No           |                     |
|                                                                                                                                                                           |                                                                                                  |                     | 과거 체류지 변동 사항 Previous Address<br><input type="checkbox"/> 포함 Yes <input type="checkbox"/> 미포함 No                  |                     |
| 출입국 조회기간 (Reference Period For Entry and Exit) . . . 부터(from) . . . 까지(to)                                                                                                |                                                                                                  |                     |                                                                                                                   |                     |
| 용도 (Purpose)                                                                                                                                                              |                                                                                                  |                     |                                                                                                                   |                     |
| 신청인<br>(위임받은 사람)<br>Applicant<br>(Authorized Person)                                                                                                                      | 성명 (Full name)                                                                                   |                     | 주민등록번호(외국인등록번호 또는 국내거소신고번호)<br>Resident Registration No.(Alien Registration No. or Domestic Residence Report No.) |                     |
|                                                                                                                                                                           | 전화번호 (Telephone no.)                                                                             |                     | 발급대상자와의 관계 (Relationship to Principal)                                                                            |                     |

「출입국관리법」 제88조 및 같은 법 시행규칙 제75조에 따라 위와 같이 사실증명의 발급·열람을 신청합니다.  
I hereby apply for the issuance or inspection of Certificate of Fact under Article 88 of Immigration Act and Article 75 of Enforcement Rules of the Immigration Act.

년 Year      월 Month      일 Day

신청인 Applicant Name      (서명 또는 인)(signature or seal)

○○출입국관리사무소(출장소)장, 시장·군수·구청장·읍장·면장·동장, 재외공관장 귀하  
To the Chief of ○○ Immigration Office(Branch Office), City Office, District Office, Ward Office, Town Office, Township Office, Community Center or Overseas diplomatic mission

### 위임장 Power of Attorney

위 발급대상자(위임한 사람)는 위와 같은 사실증명의 발급·열람 신청 및 수령에 관한 사항을 위 신청인(위임받은 사람)에게 위임합니다.

I, the above Principal(authorizing person), hereby authorize the above applicant(authorized person) to apply for and receive the Certificate of Fact.

년 Year      월 Month      일 Day

발급·열람 대상자(위임한 사람)      (서명 또는 인)  
Name of Principal(Authorizing Person)      (signature or seal)

210mm×297mm[백상지(80 g / m<sup>2</sup>) 또는 중질지(80 g / m<sup>2</sup>)]

## 유의사항 Notice

1. 색상이 어두운 란은 신청인이 작성하지 않으며, [ ]에는 해당되는 곳에 '점검표(V)'로 표시합니다.

Do not fill in below the shaded lines, check in [ ] brackets that apply

2. 법인 신청인의 경우 앞쪽 신청인 성명란에 법인명 및 대표자 성명, 주민등록번호란에 법인 등록번호, 전화번호란에 연락가능한 담당자 및 전화번호를 적기 바랍니다.

If you are a corporate applicant, please write the name of the corporation and the president for the "Full Name" of applicant, corporation registration number for "Resident Registration No.", and telephone number of the person in charge and the name of the person for "Telephone No." on the front side of the application form.

3. 사실증명의 발급 신청 및 외국인등록 열람 신청은 본인이나 그 법정대리인 또는 그로부터 위임을 받은 사람에 한합니다.

Application for the issuance of Certificate of Fact or inspection of Alien Registration shall be limited to the principal, his/her legal representative or authorized person.

4. 아래의 경우 「출입국관리법 시행규칙」 제75조제3항에 따라 출입국에 관한 사실증명의 발급이나 외국인등록 사실증명의 발급(열람)을 신청할 수 있습니다.

Under the provision of Article 75(3) of Enforcement Rules of the Immigration Act, those falling under the following categories may apply for the issuance of Certificate of Fact on Entry and Departure or for the issuance/inspection of Certificate of Fact on Alien Registration.

- 행방불명, 사망 등으로 본인 또는 법정대리인이 의사표시를 할 수 없는 상태에서 명백하게 본인의 이익을 위해 사용될 것으로 인정되는 경우

Where the principal or legal representative is not capable of expressing consent due to his/her unknown whereabouts or death and it is obvious that the certificate will be used for the benefit of the principal:

- 본인의 배우자, 본인의 직계 존·비속 또는 형제·자매  
spouse, immediate relatives or siblings of the principal
- 본인의 배우자의 직계 존·비속 또는 형제·자매(본인의 배우자가 사망한 경우)  
immediate relatives or siblings of the principal's spouse (if the spouse is deceased)

- 본인인 외국인이 완전 출국한 경우: 본인인 외국인을 고용하였던 자 또는 그 대리인

Where the principal alien has permanently left Korea: the employer of the principal alien or the authorized agent of the employer

- 채권·채무관계에 관한 재판에서 승소판결이 확정된 경우, 「주민등록법 시행령」 별표 2 제3호 각 목의 어느 하나에 해당 하는 금융회사 등이 연체채권 회수를 위하여 필요로 하는 경우, 해당 외국인과 채권·채무 관계에 있는 경우(기한 경과나 기한의 이익 상실 등으로 변제기가 도래한 경우에 한정하며, 채무금액이 100만 원 이하인 경우는 제외합니다) : 외국인등록 사실증명을 발급받거나 열람하려는 채권자

Creditors who intend to be issued or inspect the Certificate of Fact on Alien Registration: Those who is confirmed to receive favorable ruling in a trial on debtor-creditor relationship; financial companies falling under any of the items of the subparagraph 3 of attached table 2 of the Enforcement Decree of the Resident Registration Act that need the Certificate to collect overdue debt, those in debtor-creditor relationship with the foreigner in question (only when event of default occurs that causes the lender to demand full repayment earlier than the original due date or maturity date has arrived and the amount of debt is more than 1 million KRW)

※ 채권·채무 관계를 입증할 수 있는 계약서, 차용증, 어음 등은 송금 영수증, 공증, 확정일자 등의 공적 증거를 담보할 수 있는 서류를 함께 첨부하여야 합니다.

※ The contract paper, promissory note and note that prove the debtor and creditor relationship shall be attached by the collateral documents that may guarantee official evidence such as remittance receipt, notarization and due date, etc.

- 그 밖에 법무부장관이 공익상 필요하다고 인정하는 사람

Other persons deemed necessary by the Minister of Justice for the interest of public

5. 위임을 받은 경우에는 위임장과 위임한 사람의 신분증(사본)을 첨부하고 신청인의 신분증을 제시하여야 합니다.

Authorized person shall submit his/her ID card with the Power of Attorney and authorizing person's ID card (or its copy) attached.

※ 다른 사람의 서명 또는 인장의 도용 등으로 허위의 위임장을 작성하여 증명서를 신청 또는 수령한 경우에는 관련 법률에 따라 처벌받을 수 있습니다.

You may be subject to any punishment under the applicable laws if you apply for alien registration or receive any relevant documents with a fraudulent Power of Attorney signed by other person or sealed with a stolen seal.

6. 위임은 작성한 날부터 6개월까지만 유효합니다.

The Power of Attorney is effective for six months from the day of issue.

## 사실증명 발급신청에 대한 위임장

### Letter of attorney for issuance of Certification of Fact

|                                                               |                                                                                                                                                                    |                                                                          |                                                                          |
|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|--------------------------------------------------------------------------|
| 증명종류<br>Type of<br>certification                              | <input type="checkbox"/> 출입국에 관한 사실증명 Certification of Fact for immigration<br><input type="checkbox"/> 외국인등록사실증명 Certification of Fact for foreigner registration |                                                                          |                                                                          |
| 위임하는<br>사람<br>(발급대상자)<br>Mandator<br>(Person to<br>be issued) | 성명 Name                                                                                                                                                            | 주민등록번호 Resident registration No.<br>외국인등록번호 (Foreigner registration No.) |                                                                          |
|                                                               | 주소 Address                                                                                                                                                         |                                                                          |                                                                          |
| 용도 Usage                                                      | 발급통수<br>Number to be issued                                                                                                                                        | 통<br>set                                                                 | 제출처<br>Place of submission                                               |
| 위임받는<br>사람<br>(신청인)<br>Proxy<br>(Applicant)                   | 성명 Name                                                                                                                                                            |                                                                          | 주민등록번호 Resident Registration No.<br>외국인등록번호 (Foreigner Registration No.) |
|                                                               | 전화번호 Tel. No.                                                                                                                                                      |                                                                          |                                                                          |
|                                                               | 주소 Address                                                                                                                                                         |                                                                          |                                                                          |

「출입국관리법」 제88조 및 동법시행규칙 제75조의 규정에 따라 출입국에 관한 사실증명(외국인등록사실증명)의 발급신청 및 수령에 관하여 위와 같이 위임합니다.

I hereby delegate to the proxy the right to be issued and to receive the Certification of Fact for immigration(the Certification of Fact for foreigner registration) in accordance with Article 88 of the rule 「Immigration control Law」 and Article 75 of the Enforcement Regulation of same Law.

년 월 일  
 ..... Day ..... Month ..... Year

위임하는 사람 (서명 또는 인)  
 Mandator (Signature or seal)

#### 유의사항 Notes

1. 위임한 사람의 신분증사본을 첨부하여야 합니다. Please attach the copy of identification card of mandator.
2. 위임장은 작성한 날로부터 30일까지만 유효합니다. The letter of attorney is valid till 30days only from making day.
3. 다른 사람의 서명 또는 인장의 도용 등으로 허위의 위임장을 작성하여 증명서를 신청 또는 수령한 경우에는 관련 법률에 따라 처벌 받을 수 있습니다.

To apply or receive the certification after making false letter of attorney with forging the signature or seal of the other person, can be punished according to relevant law.

# Letter of attorney for issuance the Certification of Fact

## [사실증명 발급신청에 대한 위임장]

### ❖ Type of certification (증명의 종류)

- Please check on type of certification to issue.

(발급할 증명의 종류에 체크하세요)

[ ] Certification of Fact for immigration (출입국에 관한 사실증명)

[ ] Certification of Fact for foreigner registration (외국인등록사실증명)

### ❖ Mandator (Person to be issued) (위임하는 사람(발급대상자))

- Please write name and address of mandator(person to be issued).

(위임하는 사람(발급대상자)의 이름과 주소를 쓰세요)

- Please write resident registration No.(foreigner registration No.) of mandator (person to be issued).

(위임하는 사람(발급대상자)의 주민등록번호(외국인등록번호)를 쓰세요)

- Please write **usage** of certification. (증명서의 사용용도를 쓰세요)

- Please write **numbers** of issuance. (증명서의 발급통수를 쓰세요)

- Please write **place of submission**. (증명서의 제출처를 쓰세요)

### ❖ Proxy (Applicant) (위임받은 사람 (신청인))

- Please write name of proxy (applicant).

(위임받은 사람(신청인)의 성명을 쓰세요)

- Please write resident registration No.(foreigner registration No.) of proxy (applicant). (위임받은 사람(신청인)의 주민등록번호(외국인등록번호)를 쓰세요)

- Please write telephone No. of proxy (applicant).

(위임받은 사람(신청인)의 전화번호를 쓰세요)

- Please write address of proxy (applicant).

(위임받은 사람(신청인)의 주소를 쓰세요)

※ I hereby delegate to the proxy the right to be issued and to receive the Certification of Fact for immigration(the Certification of Fact for foreigner registration) in accordance with Article 88 of the Rule 「Immigration Control Law」 and Article 75 of the Enforcement Regulation of the same

Law.

(「출입국관리법」 제88조 및 동법시행규칙 제75조의 규정에 따라 출입국에 관한 사실 증명(외국인등록사실증명)의 발급신청 및 수령에 관하여 위와 같이 위임합니다.)

- Please write date of application. (신청일을 쓰세요)
- Please signature and sign of person to delegate(person to be issued).  
(위임하는 사람(발급대상자)의 서명날인하세요)

#### ❖ NOTES 유의사항

1. Please attach the copy of identification card of mandator.  
(위임한 사람의 신분증사본을 첨부하셔야 합니다. )
2. The letter of attorney is valid till 30days only from making day.  
(위임장은 작성한 날로부터 30일까지만 유효합니다.)
3. To apply or receive the certification after making false letter of attorney with pirating the signature or seal of the other person, can be punished according to relevant law.  
(다른 사람의 서명 또는 인장의 도용 등으로 허위의 위임장을 작성하여 증명서를 신청 또는 수령한 경우에는 관련 법률에 따라 처벌 받을 수 있습니다.)



# Application to request information on a resident register or to be issued with its copy or abstract

※ Please read the notes on the back of this form before you fill out the form, and check where appropriate. (Front)

|                                                                                                    |                                                                                                                                                                                           |                                                                                                                                                                        |                                                                                                                          |  |  |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|--|--|
| Applicant<br>(Individual)                                                                          | Name<br>(Seal or signature)                                                                                                                                                               |                                                                                                                                                                        | Resident Registration No.                                                                                                |  |  |
|                                                                                                    | Address (District) (City) (Province) ※ Insert your district, city, and province only.<br>(Detailed address not required)                                                                  |                                                                                                                                                                        |                                                                                                                          |  |  |
|                                                                                                    | Relationship (to the person whose info is requested)                                                                                                                                      |                                                                                                                                                                        | Phone No.                                                                                                                |  |  |
|                                                                                                    | Fee Exemption                                                                                                                                                                             | <input type="checkbox"/> National Basic Livelihood Security recipient<br><input type="checkbox"/> Patriot, veteran, or the bereaved <input type="checkbox"/> Other ( ) |                                                                                                                          |  |  |
| Applicant<br>(Business)                                                                            | Name of Business                                                                                                                                                                          |                                                                                                                                                                        | Business Registration No.                                                                                                |  |  |
|                                                                                                    | CEO<br>(Seal or signature)                                                                                                                                                                |                                                                                                                                                                        | Contact No. (Buiness)                                                                                                    |  |  |
|                                                                                                    | Address                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                          |  |  |
|                                                                                                    | Name of Visitor                                                                                                                                                                           | Resident Registration No.                                                                                                                                              | Contact No. (Visitor)                                                                                                    |  |  |
| Person Whose<br>Information Is<br>Being Requested                                                  | ※ Leave this section blank if you are requesting your own information or copy/abstract.                                                                                                   |                                                                                                                                                                        |                                                                                                                          |  |  |
|                                                                                                    | Name                                                                                                                                                                                      |                                                                                                                                                                        | Resident Registration No.                                                                                                |  |  |
|                                                                                                    | Address                                                                                                                                                                                   |                                                                                                                                                                        |                                                                                                                          |  |  |
| Information to<br>be Provided                                                                      | Request                                                                                                                                                                                   | <input type="checkbox"/> A copy of the resident register <input type="checkbox"/> An abstract of the resident register                                                 |                                                                                                                          |  |  |
|                                                                                                    | ※ In order to protect personal information, one can request for necessary information only from the list below of information provided on a copy or an abstract of the resident register. |                                                                                                                                                                        |                                                                                                                          |  |  |
|                                                                                                    | [ ] copy<br>(ies)                                                                                                                                                                         | 1. Records of change of address                                                                                                                                        | <input type="checkbox"/> All included <input type="checkbox"/> Past 5-year records <input type="checkbox"/> Not included |  |  |
|                                                                                                    |                                                                                                                                                                                           | 2. Reason for household registration                                                                                                                                   | <input type="checkbox"/> Included <input type="checkbox"/> Not included                                                  |  |  |
|                                                                                                    |                                                                                                                                                                                           | 3. Date of household registration                                                                                                                                      | <input type="checkbox"/> Included <input type="checkbox"/> Not included                                                  |  |  |
|                                                                                                    |                                                                                                                                                                                           | 4. Moving-in date of members / Date of change                                                                                                                          | <input type="checkbox"/> Included <input type="checkbox"/> Not included                                                  |  |  |
|                                                                                                    |                                                                                                                                                                                           | 5. Reason for change of members                                                                                                                                        | <input type="checkbox"/> Included <input type="checkbox"/> Not included                                                  |  |  |
|                                                                                                    |                                                                                                                                                                                           | 6. Names of householder and the members other than the person concerned                                                                                                | <input type="checkbox"/> Included <input type="checkbox"/> Not included                                                  |  |  |
|                                                                                                    |                                                                                                                                                                                           | 7. Last 7 digits of resident registration no.<br>[ ] Included ( <input type="checkbox"/> householder, <input type="checkbox"/> Members )                               | <input type="checkbox"/> Not included                                                                                    |  |  |
|                                                                                                    |                                                                                                                                                                                           | 8. Members' relationship to the householder                                                                                                                            | <input type="checkbox"/> Included <input type="checkbox"/> Not included                                                  |  |  |
|                                                                                                    |                                                                                                                                                                                           | 9. Cohabitants                                                                                                                                                         | <input type="checkbox"/> Included <input type="checkbox"/> Not included                                                  |  |  |
|                                                                                                    |                                                                                                                                                                                           | 10. Foreign spouse / Foreign parents                                                                                                                                   | <input type="checkbox"/> Included <input type="checkbox"/> Not included                                                  |  |  |
|                                                                                                    | [ ] copy<br>(ies)                                                                                                                                                                         | 1. Personal information changes                                                                                                                                        | <input type="checkbox"/> Included <input type="checkbox"/> Not included                                                  |  |  |
|                                                                                                    |                                                                                                                                                                                           | 2. Records of change of address                                                                                                                                        | <input type="checkbox"/> All included <input type="checkbox"/> Past 5-year records <input type="checkbox"/> Not included |  |  |
|                                                                                                    |                                                                                                                                                                                           | 3. Name of and relationship to the previous householders                                                                                                               | <input type="checkbox"/> Included <input type="checkbox"/> Not included                                                  |  |  |
|                                                                                                    |                                                                                                                                                                                           | 4. Last 7 digits of resident registration no.                                                                                                                          | <input type="checkbox"/> Included <input type="checkbox"/> Not included                                                  |  |  |
|                                                                                                    |                                                                                                                                                                                           | 5. Moving-in date / Date of change                                                                                                                                     | <input type="checkbox"/> Included <input type="checkbox"/> Not included                                                  |  |  |
|                                                                                                    |                                                                                                                                                                                           | 6. Reason for change                                                                                                                                                   | <input type="checkbox"/> Included <input type="checkbox"/> Not included                                                  |  |  |
| 7. Military service records                                                                        |                                                                                                                                                                                           | <input type="checkbox"/> Included <input type="checkbox"/> Not included                                                                                                |                                                                                                                          |  |  |
| 8. Domestic residence report no. (in case of an overseas Korean national) / Alien registration no. |                                                                                                                                                                                           | <input type="checkbox"/> Included <input type="checkbox"/> Not include                                                                                                 |                                                                                                                          |  |  |
| Purpose                                                                                            |                                                                                                                                                                                           |                                                                                                                                                                        |                                                                                                                          |  |  |
| Support Materials                                                                                  |                                                                                                                                                                                           |                                                                                                                                                                        |                                                                                                                          |  |  |

I hereby apply to request information on a resident register or to be issued with its copy or abstract in accordance with Articles 47 and 48 of the Enforcement Decree of the Resident Registration Act.

Day Month Year

For the Head of the City/County/District/Town/Local Government

### Agreement on Sharing of Administrative Information

I hereby agree that relevant public authorities may check out my administrative information on whether I am exempt from fees, which is shared by the information sharing system, for the purpose of providing information on my resident register or issuing its copy or abstract.

\* Please check(√) where appropriate.

- [ ] Beneficiary under "National Basic Livelihood Security Act", [ ] Independence patriot, [ ] Patriot,  
 [ ] Defoliant-affected patient, [ ] Veteran, [ ] Patriot of Gwangju Democratization Movement  
 [ ] Person engaged in special military mission, [ ] Single-parent family member under relevant laws

※ In case where public authorities do not allow the sharing of information, you must submit a proof that verifies the information concerned.

|           |       |         |        |                     |
|-----------|-------|---------|--------|---------------------|
|           | (Day) | (Month) | (Year) |                     |
| Applicant |       |         |        | (Signature or Seal) |

### Notes

1. When you request information on a resident register or its copy or abstract, you must submit a form of identification such as a resident registration card; if you are a foreign spouse, you must submit an alien registration card. If you visit as a representative of your company, you must bring a form of identification as well as your employment ID or a proof of employment.
2. When you or a member of your household wishes to check your or his/her resident register or be issued with the copy or abstract only by submitting a form of identification such as a resident registration card, you or he/she can do so by printing your or his/her name on a digital signature pad.
3. Select either "Included" or "Not included" for each numbered item on the "Information to be Provided" section.
4. In some cases, such as when you need an abstract of the resident register of a debtor in order to register his/her inheritance on behalf of his/her inheritors, you may request or be provided with the records of change of address.
5. For the issuance of a copy of resident register: If you are a foreign spouse who has not been registered as a resident yet, only you or a member of your household (or a person entrusted with the power) can be provided with the "8. Foreign spouse / Foreign parents" information on the copy.
6. For the issuance of an abstract of resident register: As for the "3. Name of and relationship to the previous householders" information, only you or a member of your household (or a person entrusted with the power), as well as the state or a local government (for public affairs only), can be provided with the information; as for the "4. Military service records" information, only you or a member of your household (or a person entrusted with the power), as well as your family member and the state or a local government (for public affairs only in accordance with subparagraph 5 of paragraph 2 of Article 29 of the Resident Registration Act), can be provided with the information.
7. If a person other than yourself or a member of your household wishes to be issued with a copy or abstract of your resident register, he/she must fill out the "Purpose" section because the purpose shall be printed on the issued copy or abstract, and in case of applying for a copy of the resident register, he/she must submit separate support materials.
8. In accordance with subparagraph 5 of Article 37 of the Resident Registration Act, if you are provided with information of a resident register or its copy/abstract by false entry or otherwise, you shall be sentenced to less than three years in prison or fined less than ten million won.
9. If you wish to request information on the register of more than one person or receive their copy/abstract with the same support materials for the same purpose, you may also fill out Form No. 8 along with Form No. 7 to submit the list of people whose information is being requested. In that case, you must put the two forms together in order, fold the first page (Form No. 7) in half, and stamp your personal seal in the center where the edge of the folded paper meets the next page (Form No. 8).
10. If you are a foreign spouse, enter your alien registration number on the "Resident Registration No." section.

## Letter of attorney for inspection of resident registration table or for issuance of certified copy • abstract

※ Please write after reading rear notes and mark on relevant [ ] as √. (Front page)

|                      |          |                           |
|----------------------|----------|---------------------------|
| Proxy<br>(Applicant) | Name     | Resident Registration No. |
|                      | Address  |                           |
|                      | Tel. No. | Relationship with subject |

|                                                                                       |                                                                                                                                                                                                                                                    |                           |
|---------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|
| Mandator<br>(Subject<br>inspection or<br>issuance of<br>certified<br>copy • abstract) | Name                                                                                                                                                                                                                                               | Resident Registration No. |
|                                                                                       | Address                                                                                                                                                                                                                                            |                           |
|                                                                                       | Tel. No.                                                                                                                                                                                                                                           | Name of householder       |
|                                                                                       | Being subject to the exemption of handling charge<br><input type="checkbox"/> Qualified recipient for national basic living <input type="checkbox"/> Subject of patriots and veterans affairs<br><input type="checkbox"/> Subject of the other ( ) |                           |

|                                                           |                                                                                                                                                                                                                                  |                                                                                              |                                                                   |
|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| Contents of<br>delegation<br>(Contents of<br>application) | Inspection                                                                                                                                                                                                                       | [ ] Records of certified copy [ ] Records of abstract                                        |                                                                   |
|                                                           | ※ In order to protect personal information, can apply only necessary records by selection in records of below certified copy • abstract.<br>If you don't mark on selection records, can receive only "Included" records in bold. |                                                                                              |                                                                   |
|                                                           | Issuance of<br>certified<br>copy<br>[ ] set                                                                                                                                                                                      | 1. Address change records of past                                                            | [ ] Included all [ ] Included the last five year [ ] Not included |
|                                                           |                                                                                                                                                                                                                                  | 2. Reason of household make-up                                                               | [ ] Included [ ] Not included                                     |
|                                                           |                                                                                                                                                                                                                                  | 3. Relationship with householder and members                                                 | [ ] Included [ ] Not included                                     |
|                                                           |                                                                                                                                                                                                                                  | 4. Date of moving house of members / Date of change, Reason of change                        | [ ] Included [ ] Not included                                     |
|                                                           |                                                                                                                                                                                                                                  | 5. Name of the other members except subject to issue                                         | [ ] Included [ ] Not included                                     |
|                                                           |                                                                                                                                                                                                                                  | 6. The last digits of resident registration No. of the other members except subject to issue | [ ] Included [ ] Not included                                     |
|                                                           |                                                                                                                                                                                                                                  | 7. Cohabitant                                                                                | [ ] Included [ ] Not included                                     |
|                                                           |                                                                                                                                                                                                                                  | 8. Foreigner spouse                                                                          | [ ] Included [ ] Not included                                     |
|                                                           | Issuance of<br>abstract<br>[ ] set                                                                                                                                                                                               | 1. Changed contents of personal information                                                  | [ ] Included [ ] Not included                                     |
|                                                           |                                                                                                                                                                                                                                  | 2. Address change records of past                                                            | [ ] Included all [ ] Included the last five year [ ] Not included |
|                                                           |                                                                                                                                                                                                                                  | 3. Name and relationship with householder in address change records of past                  | [ ] Included [ ] Not included                                     |
|                                                           |                                                                                                                                                                                                                                  | 4. Military service details                                                                  | [ ] Included [ ] Not included                                     |

|                      |  |
|----------------------|--|
| Usage and<br>purpose |  |
|----------------------|--|

I hereby delegate as above to apply for a inspection of the resident registration table or issuance of certified copy • abstract in accordance with Article 29 Section 2 of the 「Law of Resident Registration」.

Day Month Year  
(Seal or signature)

Mandator

TO : Head of si • gun • gu or eup • myeon • dong and local office

|                                                                     |                                                                                                                                                                                                                                                                        |                 |
|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Attached documents<br>(We will give you back<br>after confirmation) | 1. Identification card of applicant(Proxy)<br>2. Identification card of mandator(In case of requirement the public servant in charge for confirmation the truth)<br>3. The necessary evidential documents in case of being subject to the exemption of handling charge | Handling charge |
|                                                                     |                                                                                                                                                                                                                                                                        |                 |

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#### NOTES

1. If you apply for a false letter or attorney by forgery or illegal usage of signature or seal of other person, you shall be punished in accordance with 「Criminal Law」 .
2. Applicant can apply for a selection of the "Included", "Not included" of each item on section "Contents of delegation(contents of application)", if you don't select, only deal with the marked "**Included**" records in bold.
3. If you apply for inspection of the resident registration table or for a issuance of the certified copy • abstract in accordance with this letter of attorney, must write name, resident registration No., name of householder and address of person to delegate. If the written contents are not exact, can be required to complement.
4. The mandator must seal or signature on section of "Seal or signature" and can't use fingerprint. In case of signature, must write the handwriting name(Korean or English) and can't use normal sign(foreign, special letter and etc.) or Chinese characters.
5. If the public servant in charge requires to submit the identification card and confirmation evidential documents of subject to the exemption of handling charge of the person to delegate in order to confirm the truth of letter of attorney, you have to submit them.

# Letter of attorney for inspection of resident registration table or for issuance of certified copy · abstract

## (주민등록표 열람 또는 등 · 초본 교부 신청 위임장)

※ Please write after reading the notes overleaf and check(✓) the relevant spaces [ ].

(뒤쪽의 유의사항을 읽고 작성하여 주시기 바라며, [ ]에는 해당되는 곳에 ✓ 표를 합니다.)

### ❖ Proxy (Applicant) 위임 받은 사람(신청인)

- Please write name of the proxy(applicant).  
(위임 받은 사람(신청인)의 성명을 쓰세요.)
- Please write resident registration No. of the proxy(applicant).  
(위임 받은 사람(신청인)의 주민등록번호를 쓰세요.)
- Please write address of the proxy (applicant).  
(위임 받은 사람(신청인)의 주소를 쓰세요.)
- Please write telephone No. of the proxy (applicant).  
(위임 받은 사람(신청인)의 전화번호를 쓰세요.)
- Please write relationship with subject and the proxy (applicant).  
(대상자와 위임 받은 사람(신청인)과의 관계를 쓰세요.)

### ❖ Mandator (Subject inspection or issuance of certified copy · abstract)

위임한 사람(열람 또는 등 · 초본교부 대상자)

- Please write name of the mandator (subject inspection or issuance of certified copy · abstract).  
(위임한 사람(열람 또는 등 · 초본교부 대상자)의 성명을 쓰세요.)
- Please write resident registration No. of the mandator (subject inspection or issuance of certified copy · abstract).  
(위임한 사람(열람 또는 등 · 초본교부 대상자)의 주민등록번호를 쓰세요.)
- Please write address of the person to delegate(Subject inspection or issuance of certified copy · abstract).  
(위임한 사람(열람 또는 등 · 초본교부 대상자)의 주소를 쓰세요.)
- Please write telephone No. of the mandator (subject inspection or issuance of certified copy · abstract).  
(위임한 사람(열람 또는 등 · 초본교부 대상자)의 전화번호를 쓰세요.)
- Please write name of householder of the mandator (subject inspection or

issuance of certified copy · abstract).

(위임한 사람(열람 또는 등 · 초본교부 대상자)의 세대주의 성명을 쓰세요.)

- Please check on being exempt from any handling charge.

(수수료 면제 대상에 체크하세요.)

[ ] Qualified recipient of national basic living stipend 국민기초생활수급자

[ ] National patriot and veteran 국가보훈대상자

[ ] Other ( ) 그 밖의 대상자

#### ❖ Contents to be delegated(Contents to be applied) 위임 내용(신청 내용)

- Please check on which want to inspect in belows.

(열람하고자 하는 곳에 체크하세요.)

[ ] Records of certified copy 등본사항

[ ] Records of abstract 초본사항

※ In order to protect personal information, only fill out the parts you need in records of below certified copy · abstract. If you don't select any, the ones marked in bold will be automatically "Included".

(개인정보 보호를 위하여 아래의 등 · 초본 사항 중 필요한 사항만 선택하여 신청할 수 있습니다. 선택사항을 표시하지 않는 경우에는 “포함”으로 굵게 표시된 사항만 포함하여 교부해 드립니다.)

- Please write numbers[ ] set of issuance for the certified copy.

(등본 교부수[ ] 통 를 쓰세요.)

- Please check on which want to issue in belows.

(발급을 원하는 곳에 체크하세요.)

#### 1. Address change records of past 과거의 주소변동 사항

[ ] Included all 전체 포함

[ ] Included the last five year 최근 5년 포함

[ ] Not included 미포함

#### 2. Reason of household make-up 세대구성 사유

[ ] Included 포함 [ ] Not included 미포함

#### 3. Relation with householder and members 세대원의 세대주와의 관계

[ ] Included 포함 [ ] Not included 미포함

#### 4. Moving-in date of members / Date of change, Reason of change

세대원의 전입일 / 변동일, 변동 사유

[ ] Included 포함 [ ] Not included 미포함

#### 5. Name of the other members except subject to issue

교부 대상자 외 다른 세대원의 이름

[ ] Included 포함 [ ] Not included 미포함

6. The last digits of resident registration No. of the other members except subject  
to issue 교부 대상자 외 다른 세대원의 주민등록번호 뒷자리

[ ] Included 포함 [ ] Not included 미포함

7. Cohabitant 동거인

[ ] Included 포함 [ ] Not included 미포함

8. Foreigner spouse 외국인 배우자

[ ] Included 포함 [ ] Not included 미포함

■ Please write numbers[ ] set of issuance of abstract [ ] set 초본 교부 [ ] 통

■ Please check on which want to issue in belows. 발급을 원하는 곳에 체크하세요.

1. Changed contents of personal information 개인 인적사항 변경 내용

[ ] Included 포함 [ ] Not included 미포함

2. Address change records of past 과거의 주소 변동사항

[ ] Included all 전체 포함

[ ] Included the last five year 최근 5년 포함

[ ] Not included 미포함

3. Name of householder and relation with householder in address change records of past  
과거의 주소변동 사항 중 세대주의 성명과 세대주와의 관계

[ ] Included [ ] Not included

4. Military service records 병역사항

[ ] Included [ ] Not included

## ❖ Usage and purpose 용도와 목적

■ Please write usage and purpose. 용도 및 목적을 쓰세요.

※ I hereby delegate as above to apply for a inspection of the Resident  
Registration Table or issuance of certified copy · abstract in accordance with Article  
29 Section 2 of the 「Law of Resident Registration」 .

(「주민등록법」 제29조제2항에 따라 주민등록표 열람 또는 등·초본 교부 신청을  
위와 같이 위임합니다.)

■ Please write the date of application. 신청일을 쓰세요.

■ Please write name with seal or signature of the mandator.

(위임한 사람의 성명을 서명 또는 인과 함께 쓰세요.)

## ❖ Attached documents 첨부서류

(We will give you back after confirmation.)

1. Identification card of applicant(proxy)

(신청인(위임받은 사람)의 주민등록증 등 신분증명서)

2. Identification card of the mandator

(위임한 사람의 주민등록증 등 신분증명서)

(In case of requirement the public servant in charge for confirmation the truth)

(담당 공무원이 위임장의 진위 여부 확인을 위하여 요청하는 경우)

3. The necessary evidential documents in case of being exempt from any handling charges (위임한 사람이 수수료 면제 대상자인 경우는 필요한 증명자료)

❖ NOTES 유의 사항

1. If you apply to make false letter or attorney by forgery or illegal usage of signature or seal of other person, you shall be punished in accordance with 「Criminal Law」 .

(다른 사람의 서명 또는 도장 등을 위조하거나 부정하게 사용하는 등의 방법으로 거짓의 위임장을 작성하여 신청하는 경우에는 「형법」에 따라 처벌을 받게 됩니다.)

2. Applicant can apply by selection "Included", "Not included" of each item on section "Contents of delegation(contents of application)", if you don't select, only deal with the marked "**Included**" records in bold.

(신청인은 “위임내용(신청내용)”란의 각 항목에 대하여 “포함”, “미포함”을 선택하여 신청할 수 있으며, 선택하지 않은 경우에는 “포함”으로 굵게 표시된 사항만 “포함”으로 처리됩니다.)

3. If you apply to inspect of resident registration table or to issue the certified copy · abstract in accordance with this letter of attorney, must write name, resident registration No., name of householder and address of person to delegate. If the written contents are not exact, can be required to complement.

(이 위임장에 따라 주민등록표의 열람 또는 등·초본 교부를 신청하는 경우에는 위임한 사람의 성명, 주민등록번호, 세대주 성명 및 주소를 정확히 적어야 하며, 기재사항이 정확하지 않을 경우 보완을 요청할 수 있습니다.)

4. The mandator must seal or signature on section of "Seal or signature" and can't use fingerprint. In case of signature, must write the handwriting name(Korean) and can't use normal sign(foreign, special letter and etc.) or Chinese characters. (위임한 사람은 “서명 또는 인”란에 서명을 하거나 도장을 찍어야 하며 지문은 사용할 수 없습니다. 서명을 하실 경우에는 자필 성명(한글)을 써야 하고, 통상적인 사인(외국어, 특수문자 등)이나 한문 등은 사용할 수 없습니다.)

5. If the public servant in charge requires to submit the identification card and confirmation evidential documents of those exempt from any handling charges of the mandator in order to confirm the truth of letter of attorney, you have to submit them.



(담당 공무원이 위임장의 진위를 확인하기 위하여 위임한 사람의 주민등록증 등 신분증명서와 수수료 면제 대상 확인 증명자료를 요구할 경우에는 제시해야 합니다.)

■ 재외동포의 출입국과 법적 지위에 관한 법률 시행규칙 [별지 제1호서식] <개정 2015.6.15.>

## 거소 신고(신청)서 RESIDENCE REPORT FORM (APPLICATION FORM)

PHOTO  
여권용사진  
(35mm×45mm)

국내거소신고 및  
재발급신청 시에만 부착

Photo required only for  
issuance/re-issuance of  
Domestic Residence  
Card

- ① [ ] 외국국적동포 국내거소신고 DOMESTIC RESIDENCE REPORT OF FOREIGN NATIONAL KOREAN
- ② [ ] 국내거소 이전신고 REPORT ON ALTERATION OF DOMESTIC RESIDENCE
- ③ [ ] 국내거소신고증 재발급신청 APPLICATION FOR REISSUANCE OF DOMESTIC RESIDENCE CARD

※ 아래의 작성방법에 따라 기재하고, [ ]에는 해당되는 곳에 '√' 표를 합니다.  
Complete the form as indicated. Tick '√' where applicable.

### 공통 기재사항 MANDATORY QUESTIONS

|                                   |                           |                             |
|-----------------------------------|---------------------------|-----------------------------|
| 성 Family name                     | 명 Given Name              | 漢字 姓名                       |
| 국적 Nationality                    | 생년월일 Date of Birth        | 성별 Sex [ ] 남 M<br>[ ] 여 F   |
| 여권번호 Passport No.                 | 여권발급일 Passport Issue Date | 여권유효기간 Passport Expiry Date |
| 국내거소 Residential Address in Korea |                           | 전화번호 Phone No.              |
|                                   |                           | 휴대전화번호 Cell Phone No.       |

### 선택 기재사항 OPTIONAL QUESTIONS

|                                                   |                                                    |                    |                                   |
|---------------------------------------------------|----------------------------------------------------|--------------------|-----------------------------------|
| 출생국 Country of Birth                              | 말소된 주민등록번호 Expired Resident Registration Number    |                    |                                   |
| 해외 거주국 Overseas Country of Residence              | 외국국적취득일 Date of Acquisition of Foreign Nationality |                    |                                   |
| 해외 거주국 주소 Overseas Address                        |                                                    |                    | 전화번호 Phone No.                    |
| ① 근무처 Work                                        | 근무처 명칭 Company Name                                | 직위 Position        | 사업자등록번호 Business Registration No. |
|                                                   | 전화번호 Phone No.                                     |                    |                                   |
| 입국사항 Entry                                        | 입국일 Date of Entry                                  | 입국장소 Port of Entry |                                   |
| 사증사항 Visa                                         | 사증번호 Visa No.                                      | 발급일 Date of Issue  | 발급공관 Issuing Authority            |
|                                                   | 체류기간 Period of Stay                                |                    |                                   |
| ② 변경 전 거소 Former Residence in Korea               |                                                    |                    |                                   |
| ③ 재발급신청 사유 Reason for Application for Re-issuance |                                                    |                    |                                   |

|                              |                  |                           |
|------------------------------|------------------|---------------------------|
| 신 청 일<br>Date of Application | 신청인<br>Applicant | 서명 또는 인<br>Signature/Seal |
|------------------------------|------------------|---------------------------|

### 공용란 FOR OFFICIAL USE ONLY

|       |        |  |       |  |       |  |
|-------|--------|--|-------|--|-------|--|
| 기본 사항 | 최초 입국일 |  | 체류 자격 |  | 체류 기간 |  |
| 접수 사항 | 접수 일자  |  | 접수 번호 |  |       |  |
| 신고 사항 | 신고 일자  |  | 신고 번호 |  | 체류 자격 |  |
|       |        |  |       |  | 체류 기간 |  |
| 결재    | 담 당    |  |       |  | 소 장   |  |
|       |        |  |       |  | 가 / 부 |  |

|                                                                  |         |
|------------------------------------------------------------------|---------|
| 수입인지 첨부란(Revenue Stamp Here) / 수수료 면제(Exemption) [ ]<br>(면제사유: ) | 심사 특이사항 |
|------------------------------------------------------------------|---------|

210mm×297mm[백상지 80g/㎡(재활용품)]

| Confirmation of resident registration report<br>주민등록 신고확인서 |               |          |                        |           |
|------------------------------------------------------------|---------------|----------|------------------------|-----------|
| Receipt No. 접수번호                                           |               | 제 호      |                        |           |
| Reporter<br>신고인                                            | Name<br>성명    |          | House<br>holder<br>세대주 |           |
|                                                            | Address<br>주소 |          |                        |           |
| Date of report<br>신고일자                                     |               | Day<br>년 | Month<br>월             | Year<br>일 |

We hereby accept the Report of Resident Registration as above.

위와 같이 주민등록신고서를 접수하였습니다.

Day  
년
Month  
월
Year  
일

Head of eup, myeon, dong (Seal)  
읍·면·동장 인

※ NOTES 유의사항

- Reporter can sign instead of seal on section of "Reporter" and please must receive the confirmation(seal or signature of householder) of householder on section of householder name. Spouse or lineal relation of householder who report and is delegated from householder must receive the delegation of householder on section of letter of attorney and must submit together the resident registration certificate and etc. identification certificate of householder.  
(※ If you made fake letter of attorney, you should be punished in accordance with 「Criminal Law」.)  
“신고인”란에 신고인은 도장을 찍는 대신에 서명을 해도 되며, 세대주의 성명란에 세대주의 확인(세대주의 서명 또는 날인)을 받아야 합니다. 세대주의 위임을 받아 신고하는 세대주의 배우자나 직계혈족계서는 위임장란에 세대주의 위임을 받고, 세대주의 주민등록증 등 신분증명서를 함께 제시해야 합니다.  
(※ 거짓 위임장을 작성하는 경우에는 「형법」에 따라 처벌을 받게 됩니다.)
- If the person of more than 17 years old register newly, after finishing to check a certificate about information of family relation register and a background, the resident registration certificate is issued.  
17세 이상인 사람이 신규등록을 하는 경우에는 가족관계기록사항에 관한 증명서 확인 및 신원조사가 완료된 후에 주민등록증이 발급됩니다.
- If person who hasn't the family relation register report newly, must have the process for registering with "confirmation for report of the resident registration" after reporting the register. 가족관계등록부가 없는 사람이 신규등록을 하는 경우에는 등록신고 접수 후 “주민등록신고확인서”를 받아 등록절차를 밟아야 합니다.
- If dual nationality report newly, must certificate about person of nation treatment.  
이중국적자가 신규등록을 하는 경우에는 국민처우자임을 증명하여야 합니다.
- A copy and abridgment of resident registration table isn't issued to unconfirmed person of family relation register.  
가족관계등록부 미확인자에게는 주민등록표 등·초본이 교부되지 않습니다.
- True or not of resident registration report is confirmed through head of Tong and head of a village after reporting. If it was reported falsely, you could be sentenced to a maximum of three years in prison or ten million in fines(Article 37 of 「Law of Resident Registration」).  
주민등록신고의 사실 여부는 통장·이장을 통하여 사후확인되며, 거짓으로 신고하는 경우에는 3년 이하의 징역 또는 1천만원 이하의 벌금형을 받게 됩니다(「주민등록법」 제37조).

# Resident registration report

## [주민등록신고서]

※ Please complete after reading the notes below.

아래의 유의사항을 읽고 적어주시기 바랍니다.

### ❖ NOTES 유의사항

1. Reporter can sign instead of sealing on section of "Reporter" and please must receive the confirmation(seal or signature of householder) of householder on section of householder name.  
(“신고인”란에 신고인은 도장을 찍는 대신에 서명을 해도 되며, 세대주의 성명란에 세대주의 확인(세대주의 서명 또는 날인)을 받아야 합니다. )  
Spouse or lineal relation of householder who report and is delegated from householder must receive the delegation of householder on section of letter of attorney and must submit together the resident registration certificate and etc. identification certificate of householder.  
(세대주의 위임을 받아 신고하는 세대주의 배우자나 직계혈족께서는 위임장란에 세대주의 위임을 받고, 세대주의 주민등록증 등 신분증명서를 함께 제시해야 합니다.)  
(※ If you made fake letter of attorney, you should be punished in accordance with 「Criminal law」.)  
(※ 거짓 위임장을 작성하는 경우에는 「형법」에 따라 처벌을 받게 됩니다)
2. If the person of more than 17 years old register newly, after finishing to check a certificate about information of family relation register and a background, the resident registration certificate is issued.  
(17세 이상인 사람이 신규등록을 하는 경우에는 가족관계기록사항에 관한 증명서 확인 및 신원조사가 완료된 후에 주민등록증이 발급됩니다.)
3. If person who hasn't the family relation register report newly, must have the process for registering with "confirmation for report of the resident registration" after reporting the register.  
(가족관계등록부가 없는 사람이 신규등록을 하는 경우에는 등록신고 접수 후 “주민등록신고 확인서”를 받아 등록절차를 밟아야 합니다.)
4. If dual nationality report newly, must certificate about person of nation treatment.  
(이중국적자가 신규등록을 하는 경우에는 국민처우자임을 증명하여야 합니다.)
5. A copy and abridgment of resident registration table isn't issued to unconfirmed person of family relation register.  
(가족관계등록부 미확인자에게는 주민등록표 등·초본이 교부되지 않습니다.)
6. True or not of resident registration report is confirmed through head of Tong and

head of a village after reporting. If it was reported falsely, you could be sentenced to a maximum of three years in prison or ten million in fines(Article 37 of the 「Law of Resident Registration」 ).

(주민등록신고의 사실 여부는 통장·이장을 통하여 사후 확인되며, 거짓으로 신고 하는 경우에는 3년 이하의 징역 또는 1천만원 이하의 벌금형을 받게 됩니다. (「주민등록법」 제37조).

#### ❖ **Householder 세대주**

- Please write name with seal and signature.  
(세대주의 성명을 서명날인과 함께 쓰세요.)
- Please write resident registration No. 세대주의 주민등록번호를 쓰세요.
- Please write address and tel. No. 세대주의 주소와 전화번호를 쓰세요.

#### ❖ **Please write the reason to register a resident registration.**

주민등록을 등록하는 사유를 쓰세요.

#### ❖ **Reporter 신고인**

- Please write name with seal and signature.  
(신고인의 성명을 서명날인과 함께 쓰세요.)
- Please write resident registration No. (신고인의 주민등록번호를 쓰세요.)
- Please write relationship with householder.  
(신고인과 세대주와의 관계를 쓰세요.)

#### ❖ **Personal information of person to register 등록할 사람의 인적사항**

- Please write relationship with householder. 세대주와의 관계를 쓰세요.
- Please write name and check on sex(M/F).  
(성명을 쓰고 성별(남/여)에 체크하세요.)
- Please write date of birth. (생년월일을 쓰세요.)
- Please write about military service. (병역사항에 대하여 쓰세요.)
- Please write permanent domicile address. (등록기준지를 쓰세요.)

#### ❖ **Letter of attorney 위임장**

※ I hereby delegate the report of resident registration to above reporter in accordance with condition of Article 11 second 1 of the 「Law of Resident Registration」 and the Enforcement Ordinance of the same Law.

(「주민등록법」 제11조제1항 단서 및 같은 법 시행령 제19조에 따라 주민등록신고를 위 신고인에게 위임합니다. )

- Please write date(Day /Month /Year). 날짜(년월일)를 쓰세요.
- Please write name with seal and signature of mandator(Householder).

(위임한 사람(세대주)의 성명을 서명날인과 함께 쓰세요.)

❖ **Please receive a confirmation of resident registration report.**

(주민등록신고 확인서를 받으세요.)

## Resident Registration Card 주민등록증

### [ ] Loss Report 분실신고서

### [ ] Withdrawal Application 철회신청서

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |                   |                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|-------------------|------------------------------------------------------|
| Receipt No. 접수번호                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                       | Receipt date 접수일자 |                                                      |
| Reporter<br>(Withdrawer)<br>신고(철회)인                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Name 성명                               |                   | Relationship<br>(In case of loss report)<br>분실자와의 관계 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Resident Registration No. 주민등록번호      |                   | Tel. No. 전화번호                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Address 주소                            |                   |                                                      |
| Loser<br>분실자                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Name (Korean or English) 성명(한글)       |                   | Name (Chinese characters)<br>성명(한자)                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Resident Registration No. 주민등록번호      |                   | Tel. No. 전화번호                                        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Address 주소                            |                   |                                                      |
| Contents to<br>report<br>(withdrawal)<br>신고(철회)<br>내용                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Date of loss 분실일자                     |                   | Place of loss 장소                                     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Reason of loss (withdrawal) 분실(철회) 사유 |                   |                                                      |
| Date of finding resident registration card 주민등록증의 습득                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                   |                                                      |
| <div style="display: flex; justify-content: space-around;"> <span>Day</span><span>Month</span><span>Year</span> </div> <div style="display: flex; justify-content: space-around;"> <span>년</span><span>월</span><span>일</span> </div>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                       |                   |                                                      |
| <p>I hereby report the loss (withdraw the loss report) of a resident registration card as above.<br/>위와 같이 주민등록증의 분실을 신고(분실신고를 철회)합니다.</p> <div style="text-align: right; margin-top: 20px;"> <div style="display: flex; justify-content: flex-end; align-items: center;"> <div style="text-align: right; margin-right: 20px;"> Day<br/>년 </div> <div style="text-align: right; margin-right: 20px;"> Month<br/>월 </div> <div style="text-align: right;"> Year<br/>일 </div> </div> <div style="text-align: right;"> Reporter(Withdrawer) 신고(철회)인 </div> </div> <div style="text-align: right; margin-top: 10px;"> (Signature or seal) (서명 또는 인) </div> |                                       |                   |                                                      |
| Attached<br>documents<br>첨부서류                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Nothing 없음                            |                   | Handling charge<br>수수료                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                       |                   | Nothing 없음                                           |

#### NOTES 유의사항

- Please use this report only on loss reporting of resident registration card. If you want to re-issue the resident registration card, please write "Re-issuance application of resident registration card".  
이 신고서는 주민등록증 분실신고만 하려고 할 때에 사용하시고, 주민등록증을 재발급 받으려면 "주민등록증 재발급 신청서"를 작성하시기 바랍니다.
- If you reported the loss of resident registration card, you can check the handling process of the reported matters by ARS("1382" without a telephone exchange number).  
분실신고를 하신 분은 주민등록증 진위확인 ARS(국번 없이 "1382")를 이용하여 신고사항의 처리 여부를 확인하실 수 있습니다.
- When the loser report directly, don't write on section of 'reporter(retractor)' and on section of "the found of resident registration card", the relevant civil servant will write on it.  
분실자가 직접 신고할 때에는 '신고(철회)인'란은 적지 않으며, "주민등록증의 습득"란은 담당 공무원이 기재하는 난이므로 신고인은 기재하지 않습니다.
- If you found the lost resident registration card, please report to withdraw at eup, myeon office or dong community center.  
분실된 주민등록증을 되찾았을 때에는 읍·면사무소 또는 동주민센터에 철회신고를 해 주시기 바랍니다.

210mm×297mm [Plain paper 일반용지 60g/㎡]

# Resident registration card (주민등록증)

## [ ] Loss report 분실신고서

## [ ] Withdrawal application 철회신청서

### ❖ Reporter(Withdrawer) 신고(철회)인

- Please write name of reporter(withdrawer).  
(신고(철회)인의 성명을 쓰세요.)
- Please write relation with reporter(withdrawer) and loser.  
(신고(철회)인과 분실자와의 관계를 쓰세요.)
- Please write resident registration No. of reporter(withdrawer).  
(신고(철회)인의 주민등록번호를 쓰세요.)
- Please write telephone No. and address of reporter(withdrawer).  
(신고(철회)인의 전화번호와 주소를 쓰세요.)

### ❖ Loser 분실자

- Please write name in Korean or English of loser.  
(분실자의 한글 성명을 쓰세요.)
- Please write name in Chinese characters of loser.  
(분실자의 한자 성명을 쓰세요.)
- Please write resident registration No. of loser.  
(분실자의 주민등록번호를 쓰세요.)
- Please write telephone No. and address of loser.  
(분실자의 전화번호와 주소를 쓰세요.)

### ❖ Contents to report(withdrawal) 신고(철회) 내용

- Please write date of loss(withdrawal). 분실(철회)일을 쓰세요.
- Please write place of loss(withdrawal). 분실(철회)장소를 쓰세요.
- Please write reason of loss(withdrawal). 분실(철회) 사유를 쓰세요.

### ❖ Date a finding resident registration card 주민등록증의 습득

- Please write date of find of resident registration card.  
(주민등록증 습득일을 쓰세요.)

※ I hereby report the loss(withdraw the loss report) of resident registration card as above. (위와 같이 주민등록증의 분실을 신고(분실신고를 철회)합니다.)

- Please write date of report. 신고일을 쓰세요.
- Please write name with seal and signature of reporter(withdrawer).  
(신고(철회)인의 성명과 함께 서명날인을 하세요.)



## ❖ Attached documents 첨부서류

- ※ - Nothing 없음
- ※ Handling charge 수수료 - Nothing 없음

## ❖ NOTES 유의사항

1. Please use this report only on loss reporting of resident registration card.  
If you want to re-issue the resident registration card, please write  
"Re-issuance application of resident registration card".  
이 신고서는 주민등록증 분실신고만 하려고 할 때에 사용하시고, 주민등록증을  
재발급 받으려면 “주민등록증 재발급 신청서”를 작성하시기 바랍니다.
2. If you reported the loss of resident registration card, you can check the  
handling process of the reported matters by ARS("1382" without a  
telephone exchange number).  
분실신고를 하신 분은 주민등록증 진위확인 ARS(국번 없이 “1382”)를 이용하여  
신고사항의 처리 여부를 확인하실 수 있습니다.
3. When the loser report directly, don't write on section of 'reporter  
(withdrawer)' and on section of "the found of resident registration card", the  
relevant civil servant will write on it.  
분실자가 직접 신고할 때에는 ‘신고(철회)인’란은 적지 않으며, "주민등록증의  
습득"란은 담당 공무원이 기재하는 난이므로 신고인은 기재하지 않습니다.
4. If you found the lost resident registration card, please report to withdraw  
at eup, myeun office or dong community center.  
(분실된 주민등록증을 되찾았을 때에는 읍·면사무소 또는 동주민센터에 철회  
신고를 해 주시기 바랍니다.)

■ 인감증명법 시행령 [별지 제12호의2서식] <개정 2016. 7. 5.>

■ Enforcement Decree of The Personal Seal Act [Form an enclosure No. 12 2]

**Application to** ☐ Undo the Registration of Personal Seal of the Deceased  
☐ Undo the Registration of Personal Seal of the Missing  
☐ Change Information of Registered Personal Seal  
☐ Undo the Registration of Personal Seal  
☐ Re-register a Former Personal Seal

\* Fill out this form and check where appropriate according to the instructions on the back of the form. (Front)

|                 |      |                 |           |
|-----------------|------|-----------------|-----------|
| Application No. | Date | Processing Time | Immediate |
|-----------------|------|-----------------|-----------|

|           |                           |  |               |
|-----------|---------------------------|--|---------------|
| Applicant | Name                      |  | Personal Seal |
|           | Resident Registration No. |  |               |
|           | Nationality               |  |               |
|           | Address                   |  |               |

Description of Application

Reason for Written Registration

Supporting Documents (Attachment)

|                                                                       |               |  |              |               |
|-----------------------------------------------------------------------|---------------|--|--------------|---------------|
| Consent of a Legal Representative, Limited guardian or Adult guardian | Name          |  | Relationship | Personal Seal |
|                                                                       | Date of Birth |  |              |               |
|                                                                       |               |  |              |               |
|                                                                       | Address       |  |              |               |

I certify that the information provided is true and accurate.

Date \_\_\_\_\_ (YYYY/MM/DD)

☐ Diplomatic Mission (Consul) (Signature or Seal)

☐ Prison (Prison Officer) (Signature or Seal)

I hereby submit a registration (application) of a personal seal (to undo the registration of a personal seal of the deceased/missing, to change information of a registered personal seal, to undo the registration of a personal seal, or to re-register a former personal seal) according to Articles 8, 9, and 11 of the Seal Imprint Certification Act and Articles 11 and 12 of the Enforcement Decree of the Seal Imprint Certification Act.

Fee

NONE

Date \_\_\_\_\_ (YYYY/MM/DD)

Applicant: (Signature or Seal)

Address:

(Resident Registration No.: )

Representative: (Signature or Seal)

Address:

(Resident Registration No.: )

Relationship:

For the Head of the City/County/District/Town/Local Government of \_\_\_\_\_

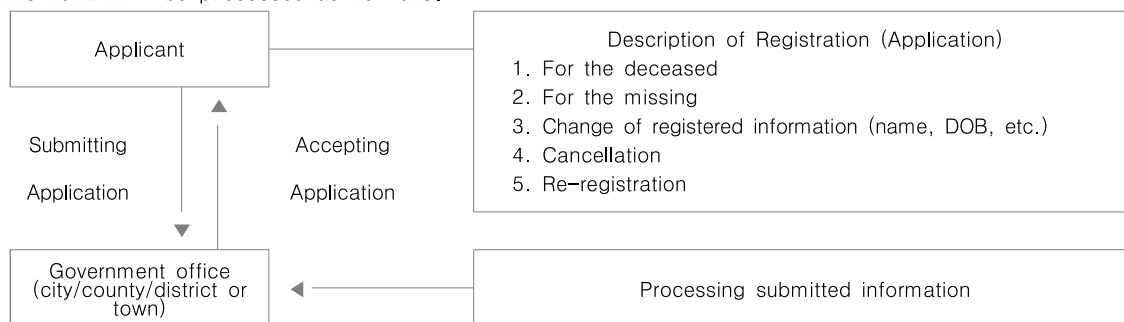
210mm×297mm[white pape(80g/m²)or middle quality paper(80g/m²)]

### Notes and Instructions

1. All legal representatives visiting a government office must bring a form of identification.
2. An application to undo the registration of a personal seal of the deceased or the missing must be submitted by an heir of the deceased or the missing; if, however, the heir is unable to visit a government office in the relevant jurisdiction, he/she may authorize another person (using the Power of Attorney in Form No. 13 – the annex for the Enforcement Decree of the Seal Imprint Certification Act) to submit the application.
3. For resident registration number: if you are an overseas Korean national and do not have a resident registration number, enter your passport number; if you are a foreigner, enter your alien registration number; and if you are a registered domestic resident, enter your domestic residence report number.
4. Check where appropriate (undo the registration of personal seal of the deceased/missing, change information of a registered personal seal, undo the registration of a personal seal, or re-register a former personal seal) when submitting the application for a personal seal.  
 ※ If you wish to register a change of a personal seal, use Form No. 9 in the annex for the Enforcement Decree of the Seal Imprint Certification Act.
5. All legal representatives registering (applying) on behalf of an overseas Korean national, a person residing (visiting) abroad, or a prisoner must receive confirmation from one of the following organizations as applicable (not applied to an overseas Korean national who resides in Korea):
  - a. Overseas Korean national, person residing (visiting) abroad: Diplomatic mission (Consul); or
  - b. Prisoner: Prison (Prison Officer).

### Procedure

This form will be processed as follows.



■ 인감증명법 시행령 [별지 제9호의2서식] <개정 2016. 7. 5.>

■ Enforcement Decree of The Personal Seal Act [Form an enclosure No. 9 2]

## Application for Registration (or Change) of Personal Seal (for written registration)

※ Fill out this form and check where appropriate according to the instructions on the back of the form. (Front)

| Application No.                                                                      | Date                                      | Processing Time           | Immediate                                                          |
|--------------------------------------------------------------------------------------|-------------------------------------------|---------------------------|--------------------------------------------------------------------|
| Applicant                                                                            | Name                                      | Resident Registration No. | Nationality(The address on the family relations registration)      |
|                                                                                      | Address                                   |                           | Personal Seal to Register                                          |
|                                                                                      | Reason for Written Registration           |                           | For<br>Preservation<br><br>Attach seal<br>impression o<br>n paper. |
|                                                                                      | Supporting Documents (Attachment)         |                           |                                                                    |
| Guarantor                                                                            | Name                                      |                           | Personal Seal                                                      |
|                                                                                      | Resident Registration No. (Date of Birth) |                           |                                                                    |
|                                                                                      | Relationship to Applicant                 |                           |                                                                    |
|                                                                                      | Address                                   |                           |                                                                    |
| Consent of<br>a Legal<br>Representative,<br>Limited guardian<br>or<br>Adult guardian | Name                                      | Relationship to Applicant | Personal Seal                                                      |
|                                                                                      | Date of Birth                             |                           |                                                                    |
|                                                                                      | Address                                   |                           |                                                                    |

I certify ☐ the registration (or change) of the personal seal.

☐ the consent of a legal representative • limited guardian • adult guardian.

Date \_\_\_\_\_ (YYYY/MM/DD)

☐ Diplomatic Mission (Consul) (Signature or Seal)

☐ Prison (Prison Officer) (Signature or Seal)

I hereby apply for a written registration of my personal seal by submitting this form jointly signed with my guarantor (legal representative, limited guardian or adult guardian) according to Articles 3, 7, and 13 of the Seal Imprint Certification Act and Clauses 2, 3 and 4 of Article 8 of the Enforcement Decree of the Seal Imprint Certification Act.

Date \_\_\_\_\_ (YYYY/MM/DD)

| Fee      |         |
|----------|---------|
| Register | NONE    |
| Change   | 600 won |

Applicant: \_\_\_\_\_ (Signature or Seal)

Representative: \_\_\_\_\_ (Signature or Seal)

Resident Registration No.:

Address:

For the Head of the City/County/District/Town/Local Government of \_\_\_\_\_

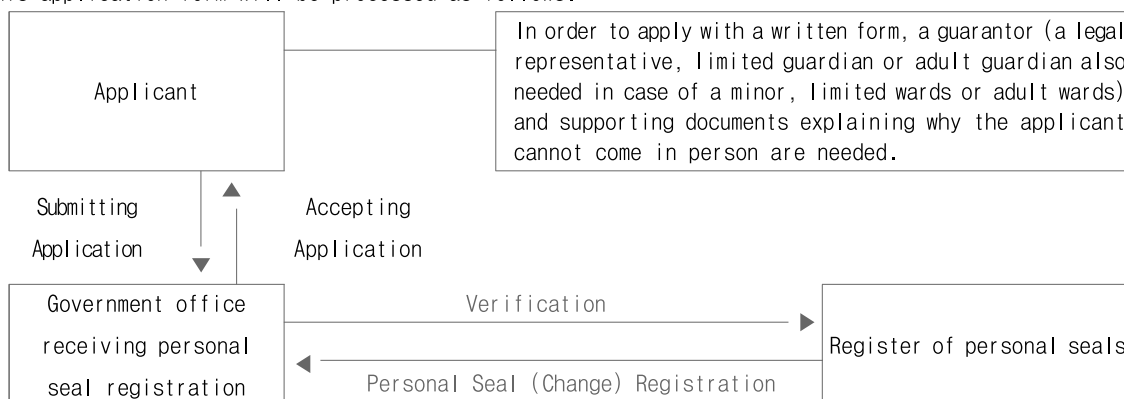
210mm×297mm[white paper(80g/m<sup>2</sup>)or middle quality paper(80g/m<sup>2</sup>)]

### Notes and Instructions

1. If an applicant registering a personal seal for the first time or wishing to change the personal seal is unable to visit a government office in person, he or she may use this form to register or report the change of a personal seal in writing without visiting a government office.
2. The guarantor must be an adult with a registered personal seal and must certify and guarantee the applicant's intention. The personal seal affixed by the guarantor must be a registered seal, and the government office may request the guarantor to submit his/her personal seal if it is difficult for a data processing organization to identify the seal.
3. A legal representative visiting the government office must be a different person from the guarantor and must bring his/her own ID.
4. In order to register a personal seal, affix the personal seal to be registered in the "For Preservation" box, and attach a clear impression of the seal on a piece of paper. The seal impression on paper may be waived if the seal stamp is submitted along with the form.
5. The public official in charge must attach the seal impression on paper to the register of personal seals and stamp an official seal where the edge of the attached paper meets the register.
6. If the applicant is an overseas Korean national and does not have a resident registration number, enter the address on the family relations registration in the "Nationality" section.
7. In the "Reason for Written Registration" section, enter the reason why the applicant is unable to visit the government office and attach the supporting documents at the time of the submission. If supporting documents are submitted, they are valid for three months from the date of confirmation of the reason (six months from the date of confirmation when certified by a diplomatic mission).
8. For resident registration number: If you are an overseas Korean national and do not have a resident registration number, enter your passport number; if you are a foreigner, enter your alien registration number; and if you are a registered domestic resident, enter your domestic residence report number. If you have your resident registration number, enter the number on a separate line underneath in a parenthesis, in the space provided.
9. Check where appropriate to indicate written registration of the personal seal or consent of a legal representative • limited guardian • adult guardian.
10. All persons authorized to apply on behalf of an overseas Korean national, a person residing (visiting) abroad, or a prisoner must receive a confirmation from one of the following organizations as applicable (not applied to an overseas Korean national who resides in Korea)
  - a. Overseas Korean national, person residing (visiting) abroad: Diplomatic mission (Consul); or
  - b. Prisoner: Prison (Prison Officer).

### Procedure

This application form will be processed as follows.



■ 인감증명법 시행령 [별지 제15호의4서식] <신설 2016. 7. 5.>

■ Enforcement Decree of The Personal Seal Act [Form an enclosure No. 15 4]

**[ ] Application for the Protection of Personal Seal**

**[ ] Application for Cancelling the Protection of Personal Seal**

※ Fill out this form and check where appropriate according to the instructions on the back of the form. (Front)

| Application No. | Date | Processing Time | Immediate |
|-----------------|------|-----------------|-----------|
|-----------------|------|-----------------|-----------|

|           |                             |                                |                   |
|-----------|-----------------------------|--------------------------------|-------------------|
| Applicant | Name                        | Resident Registration No.<br>- | Nationality       |
|           | Address                     |                                | Right Thumb print |
|           | Description for Application |                                |                   |

|                                                                       |               |                           |               |
|-----------------------------------------------------------------------|---------------|---------------------------|---------------|
| Consent of a Legal Representative, Limited guardian or Adult guardian | Name          | Relationship to Applicant | Personal Seal |
|                                                                       | Date of Birth |                           |               |
|                                                                       | Address       |                           |               |

|                                                                                                      |
|------------------------------------------------------------------------------------------------------|
| Confirmation of Diplomatic Mission (Consul), Prison (Prison Officer), Town Government(Civil Servant) |
|------------------------------------------------------------------------------------------------------|

[ ] the application for the protection of the personal seal.  
I certify [ ] the application for cancelling the protection of the personal seal of the applicant.  
[ ] the consent of a legal representative · limited guardian · adult guardian.

Date \_\_\_\_\_ (YYYY/MM/DD)

[ ] Diplomatic Mission (Consul) (Signature or Seal)

[ ] Prison (Prison Officer) (Signature or Seal)

[ ] Town Government(Civil Servant) (Signature or Seal)

※ Civil Servant only writes when declarant cannot visit the Town Government because of serious case

I apply for the protection of personal seal or for cancelling the protection of personal seal according to Article 17-2 of the Enforcement Decree of the Seal Imprint Certification Act.

Date \_\_\_\_\_ (YYYY/MM/DD)

Applicant: (Signature or Seal)

Representative: (Signature or Seal)

Resident Registration No.:

Address:

**For the Head of the City/County/District/Town/Local Government of \_\_\_\_\_**

210mm×297mm[white paper (80g/㎡) or middle quality paper(80g/㎡)]

### Notes and Instructions

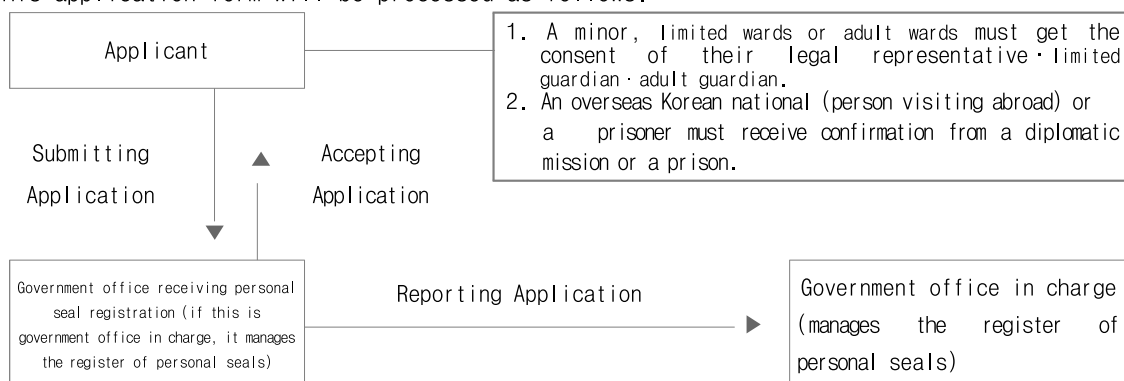
1. All representatives visiting a government office and applying for the protection (or cancelling the protection) of a personal seal on behalf of an applicant who is an overseas Korean national, a person residing (visiting) abroad, or a prisoner must bring a form of identification such as a resident registration card.
2. For resident registration number: If you are an overseas Korean national and do not have a resident registration number, enter your passport number; if you are a foreigner, enter your alien registration number; and if you are a registered domestic resident, enter your domestic residence report number.
3. Applying for the protection (or cancelling the protection) of a personal seal allows you to protect (or cancel the protection of) your personal seal by ensuring that only you or a person authorized by you can be issued the certificate of your personal seal. Describe what you are applying for in the "Description for Application" section, referring to the following examples.
 

[Examples]

  - ① Do not issue the certificate of personal seal to anyone but myself.
  - ② Do not issue the certificate of personal seal to anyone except myself and my spouse (name, resident registration number).
  - ③ Do not issue the certificate of personal seal to anyone except myself, my spouse (name, resident registration number), and my mother (name, resident registration number).
  - ④ The certificate of my personal seal shall only be issued at (the city/county/district/town/local government relevant to the address); do not issue at other locations of government office.
  - ⑤ Other description that is necessary for the protection or cancelling the protection of personal seal.
4. If you are not able to affix your thumbprint, affix any other fingerprint instead; the print must be neatly and clearly affixed.
5. If an overseas Korean national, a person residing (visiting) abroad, or a prisoner designates a representative to apply on his/her behalf, the applicant must receive a confirmation from one of the following organizations as applicable.
  - a. Overseas Korean national, person residing (visiting) abroad: Diplomatic mission (Consul); or
  - b. Prisoner: Prison (Prison Officer).
6. Check where appropriate to indicate whether you are applying for the protection or cancelling the protection of a personal seal. If the applicant is a minor, limited wards or adult wards, also check the legal representative · limited guardian · adult guardian section.
7. Check where appropriate to indicate whether the organization is a diplomatic mission or a prison.

### Procedure

This application form will be processed as follows.



☐ **Power of Attorney/Consent of a Legal Representative, Limited guardian or Adult guardian for Certificate of Personal Seal**

☐ **Written Confirmation by a Diplomatic Mission (Consul) or Prison (Prison Officer)**

☐ **Written Confirmation by the District Tax Office (Head of the Tax Office)**

※ Fill out this form and check where appropriate according to the instructions on the back of the form. The "Nationality" section is only for written confirmation by a diplomatic mission (consul). Anyone who applies for a certificate of personal seal that belongs to a deceased person may be denounced to the authorities.

※ Those who apply for a certificate of personal seal may request for text message notification of whether their certificate has been issued.

[Power of Attorney for Certificate of Personal Seal]

|                               |                                  |                     |                                  |                           |               |  |
|-------------------------------|----------------------------------|---------------------|----------------------------------|---------------------------|---------------|--|
| Authorizer                    | Name                             | (Signature or Seal) |                                  | Resident Registration No. |               |  |
|                               | Nationality                      |                     | <input type="checkbox"/> Address |                           |               |  |
|                               | Type of Identification Card      |                     | Purpose of Issuance              |                           | No. of Copies |  |
| Authorized Person (Applicant) | Name                             |                     | Resident Registration No.        |                           |               |  |
|                               | <input type="checkbox"/> Address |                     |                                  |                           | Relationship  |  |

I authorize the above-named person to be issued with a certificate of my personal seal.

Date \_\_\_\_\_ (YYYY/MM/DD)

[Consent of a Legal Representative, Limited guardian or Adult guardian]

|                                                          |              |  |               |                           |               |   |
|----------------------------------------------------------|--------------|--|---------------|---------------------------|---------------|---|
| Legal Representative, Limited guardian or Adult guardian | Name         |  |               | Resident Registration No. |               |   |
|                                                          | Address      |  |               |                           |               |   |
|                                                          | Relationship |  | No. of Copies |                           | Personal Seal | ㉑ |

I agree on the issuance of a certificate of the personal seal of this person (Name: \_\_\_\_\_).

Date \_\_\_\_\_ (YYYY/MM/DD)

I certify that the authorization above is true and accurate.

Date \_\_\_\_\_ (YYYY/MM/DD)

☐ Diplomatic Mission (Consul) (Signature or Seal)

☐ Prison (Prison Officer) (Signature or Seal)

|                                        |                         |  |
|----------------------------------------|-------------------------|--|
| Confirmation of the Head of Tax Office | Type of Real Estate     |  |
|                                        | Location of Real Estate |  |

I confirm the information above.

Date \_\_\_\_\_ (YYYY/MM/DD)

Head of Tax Office (Signature or Seal)



### Notes and Instructions

1. For the "Power of Attorney" or "Consent of a Legal Representative, limited guardian or adult guardian", enter the date on which the issuance is authorized. The Power of Attorney shall remain effective for six months from the date of authorization or consent.
2. If you wish to receive two or more copies of the certificate, specify the number of copies needed in the "No. of Copies" section. If left blank, one copy will be issued.
3. In the "Purpose of Issuance" section, enter why a certificate of the personal seal is needed (e.g. for real estate sales, for collateral security, for car sales, etc.), and print your name in the "signature" section.  
※ In the "Purpose of Issuance" section, do not put a statement such as "I give this person full authority to sell my real estate".
4. If you are authorized to be issued with a certificate of a personal seal for a minor, limited wards or adult wards, you must fill out both "Power of Attorney" and "Consent of a Legal Representative, limited guardian or adult guardian".
5. A person whose resident registration has been cancelled(exclusive of emigration) or who does not have a registered address cannot be authorized to be issued a certificate of the personal seal. The authorized person must show his/her ID if requested for the purpose of checking the accuracy of the information submitted from the following list of an acceptable ID: resident registration card, driver's license, passport, registration card for people with disabilities [(welfare card) welfare cards without resident registration number and address on them are excluded].
6. For resident registration number: if you are an overseas Korean national and do not have a resident registration number, enter your passport number; if you are a registered domestic resident, enter your domestic residence report number; and if you are a foreigner, enter your alien registration number.
7. If an overseas Korean national, a person residing (visiting) abroad, or a prisoner authorizes a person to be issued with a certificate of the personal seal, he/she must receive a confirmation from one of the following organizations as applicable (not applied to an overseas Korean national who resides in Korea) In addition, if an overseas Korean national wishes to be issued with a certificate of his/her personal seal for the purpose of a transfer of real estate property rights, he/she must enter the type and location of the real estate concerned and receive a confirmation from the head of the tax office in the jurisdiction in which the real estate belongs.
  - a. Overseas Korean national, person residing (visiting) abroad: Diplomatic mission (Consul); or
  - b. Prisoner: Prison (Prison Officer).
8. Those who counterfeited the signature or seal of someone else or use it in a fraudulent manner (e.g. applying for or being issued with a certificate of personal seal of someone else or a deceased person by false entry of information) are subject to punishment in accordance with Articles 231 through 240 of the criminal law.

| Application for Certificates of Family Register, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                      |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|--------------------------------------|----|
| Subject of the application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Person concerned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Full name                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (Chinese characters : ) |                                      |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Permanent address             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                      |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Resident registration No.     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | -                       |                                      |    |
| Applying for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <p>1. Certificate of registered items (showing whole records)</p> <p>① Certificate of Family Relationship.....( Number of copies: )</p> <p>② Certificate of Basic Personal Information...( Number of copies: )</p> <p>③ Certificate of Marriage.....( Number of copies: )</p> <p>④ Certificate of Adoption.....( Number of copies: )</p> <p>⑤ Certificate of Full Adoption.....( Number of copies: )</p> <p>2. Certificate of particular items (showing currently effective records only)</p> <p>① Certificate of Family Relationship.....( Number of copies: )</p> <p>② Certificate of Basic Personal Information...( Number of copies: )</p> <p>③ Certificate of Marriage.....( Number of copies: )</p> <p>④ Certificate of Adoption.....( Number of copies: )</p> <p>⑤ Certificate of Full Adoption.....( Number of copies: )</p> <p>3. Verification of the contents on report forms.....( ) case(s)</p> <p>4. Verification of acceptance or rejection (processing or not being processed)....( ) case(s)</p> <p>5. Viewing of the registration forms: Filed on Day____Month____Year____ Registration of _____</p> <p>6. Family Census Register under the previous Family Registration Law :</p> <p>Permanent address _____</p> <p>Family head : Subject of application : of _____</p> <p>Abolished Family Census Register (full record).... ( ) copy/copies,</p> <p>Abolished Family Census Register (simplified).....( ) copy/copies,</p> <p>Viewing of the Abolished Family Census Register....( ) case(s)</p> |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                      |    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                      |    |
| Request for disclosing the last six digits of Resident Registration No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Request for disclosure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Reason for disclosure request | <input type="checkbox"/> 1. The resident registration number of the subject of application is accurately recorded.<br><input type="checkbox"/> 2. The applicant is either the subject of application or his/her parent, adoptive parents, spouse, child or agents.<br><input type="checkbox"/> 3. The submitting person who appears before the Family Relationship Registry Office requests for litigation purposes<br><input type="checkbox"/> 4. For official use acknowledged by a government official |                         |                                      |    |
| * Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p>① KRW 1,000 for each copy of the certificate or a full record of abolished Family Census Register; KRW 500 for each copy of a simplified record Family Census Register</p> <p>② KRW 200 for each case of viewing and verification of lodged registration forms (verification of contents in a lodged registration, etc.) or each case of viewing of the abolished Family Census Register</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                      |    |
| Reason for application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                      |    |
| Supporting documents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                      |    |
| Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (Seal) or signature           | Resident registration No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | -                       | Relationship to the person concerned | of |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         | Mobile                               |    |
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| Filing No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <p>Day Month Year</p> <p>To the Head of ○○City(Gu) • Eup • Myeon Office</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                      |    |
| <p>..... Cutting line.....</p> <p style="text-align: center;">R e c e i p t</p> <p>Filing date : Day Month Year Name of the Applicant:</p> <p>Filing number : Amount of Payment:</p> <p>Estimated time of release for viewing : Head of ○○City(Gu) • Eup • Myeon Office (Seal)</p>                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                      |    |
| <p>* Article 117 Subparagraph 3 of the Law: Anyone who inspects other person's report forms or receives a certificate on the content in the registration forms or the register unlawfully or in an irregular manner in breach of Article 14 Paragraphs 1 &amp; 2, and Article 42 is subject to imprisonment of not more than three years or fined up to KRW 10,000,000. If anyone willfully issues a document to a person who is not eligible in violation of Article 11 Paragraph 6 of the Law is subject to the same punishment.</p> <p>* in the case the issuing office is a city, it refers to a city which does not have districts, 'gu'.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                         |                                      |    |

## Instructions for Filling the Form

(Reverse Side)

- ※ If the person concerned is more than one as in the case of joint inheritance, you may make use of the Appendix by indicating "see the Appendix" in the 'Person concerned' box. In this case, please make sure that the seal or signature of the applicant cover adjoining pages of the Application Form and the Appendix.
  - ※ Please make sure you provide accurately the name and permanent address of the person concerned. If the applicant is the person concerned, his/her spouse, lineal relative, or agent, or in the case of Item number 5 below, an application can be lodged with the person concerned's name and the resident registration number. However, in the case where the application is lodged by post, his/her permanent address should be recorded.
  - ※ In order to verify all the registered items in the Family Register, please apply for Certificates of registered items. In order to verify parts of the registered items, please apply for Certificates of particular items.
1. If the person concerned applies in person, an application form does not need to be filled in, but if an agent or proxy applies on behalf of the person concerned, he/she should submit a power of attorney signed or sealed by the person concerned and a copy of ID (e.g. resident registration card, driver's license, passport, public official ID card, alien registration card, domestic residence card, disability card with current address and resident registration number, etc.). However, in the case where supporting documents are submitted in the following circumstances, an agent or a proxy may request for an issuance of certificates without the person concerned's power of attorney.
    - ① If the central and local governments or public organizations makes a written request for official use according to the law
    - ② If it is required during a legal procedure in litigation, non-litigation, civil execution and others
    - ③ If other regulations require the submission of certificates
    - ④ A legal representative under the Civil Act (e.g. legal guardian, executor, administrator of the inherited property, administrator for the absentee)
    - ⑤ In order to verify who is entitled to inheritance of property rights including credits and debts
    - ⑥ If it is necessary to determine a beneficiary of an insurance policy or a pension
    - ⑦ If it is necessary to verify the heir of the land owner in accordance with the Act on the Acquisition of Land, etc. for Public Works and the Compensation Therefor
  - ※ Specify the 'reason for application' and 'relationship to the person concerned' as shown below. If an applicant does not indicate who she/he is or fails to provide the reason for application or provides false information on the applicant or reason for application, certificates of registered items and abolished family census register cannot be issued and viewing of abolished register is not allowed.  
 Examples) Reason for application : To be submitted to Family Court ([type of case] of [name in full])  
 Relationship to the person concerned : Father of the person concerned or an agent of [name in full].
  2. Certificate of Full Adoption (including viewing of registration forms) can be issued only in one of the following circumstances.
    - ① In the case where a person of legal age requests a Certificate of Full Adoption of him/herself
    - ② In the case where birth parents or adoptive parents applies for a Certificate of Full Adoption of themselves and the full adoptee has been confirmed to be of legal age.
    - ③ In the case where a party to the marriage intends to search his/her kinship relations under the Article 809 of Civil Act
    - ④ In the case where a court requests verification or investigation authorities submit a written request according to the Regulation Article 23 Paragraph 5
    - ⑤ In the case of a cancellation of adoption in accordance with Article 908 Paragraph 4 of the Civil Act or in the case of an annulment of adoption in accordance with Article 908 Paragraph 5 of the Civil Act
    - ⑥ In the case of a cancellation of adoption in accordance with Article 16 of Act on Special Cases Concerning Adoption or in the case of an annulment of adoption in accordance with Article 17 of the Act
    - ⑦ In the case where adoptive parents provide specific reasons why it is necessary for the welfare of the full adoptee.
    - ⑧ In the case where a Certificate of Full Adoption is required during a legal procedure in litigation, non-litigation, civil execution and others
    - ⑨ In the case where it is necessary to verify who is entitled to inheritance of the property rights including credits and debts
    - ⑩ In the case where it is necessary to submit a Certificate of Full Adoption of an heir of a deceased person who is not listed on the Family Register
    - ⑪ In the case where a person requests a Certificate of Full Adoption of birth parents or adoptive parents to resolve legal issues and provide related regulations and supporting documents with a reason.
  3. Request for Disclosure of Full Resident Registration No. may be made if any of the following cases applies and the reason is provided. Otherwise, leave it blank.
    - ① In the case where the applicant who appears before the office of City(Gu)/Eup/Myeon/Dong accurately enters the resident registration number of the person concerned and requests an issuance of the applicable certificate
    - ② In the case where the applicant indicated in the application form is the person concerned, or his/her parents, adoptive parents, spouse, or child
    - ③ In the case where the applicant who appears before the office of City(Gu)/Eup/Myeon/Dong submits an application for an issuance of certificates attaching supporting documents (e.g. a copy of court decision, correction order, etc.) which demonstrates that the certificate is required during a legal procedure of litigation, non-litigation, civil execution and others
    - ④ In the case where a government official of the central and local governments (including an employee of project operators in accordance with Article 8 of the Act on the Acquisition of Land, etc. for Public Works and the Compensation Therefor) makes a written request for an issuance of certificates for official use attaching supporting official documents.
  4. Notwithstanding the provisions under 3. above, the disclosure of the last six digits of one's resident registration number will not be restricted if any of the followings applies.
    - ① Abolished Family Census Register in electronic image prescribed in Article 3 of the previous Supplementary Provisions of the Regulation for Enforcement of Family Register Act (Oct. 18, 2004)
    - ② Abolished Family Census Register in the old print form in accordance with the previous Family Register Act
  5. If the applicant applies in person at the office of City(Gu)/Eup/Myeon/Dong and provides the name and resident registration number of the person concerned and attaches a copy of the applicant's ID, he/she may request for an issuance of certificates of Family Census Register and the Abolished Family Census Register records, both full and simplified versions of records and viewing of them in the following circumstance,
    - In the case where an application is made according to ①, ②, ③, ④, ⑥, ⑦ of 1. above and ⑦, ⑧ of 2. above, when supporting documents set out by regulations such as correction order have been submitted or when an heir applies in order to verify inheritance relationship.

<Appendix>

|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                           |                         |
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| Subject of the application | <input type="checkbox"/> Person concerned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Full name                 | (Chinese characters : ) |
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| Applying for               | 1. Certificate of registered items (showing whole records)<br>① Certificate of Family Relationship.....( Number of copies: )<br>② Certificate of Basic Personal Information...( Number of copies: )<br>③ Certificate of Marriage.....( Number of copies: )<br>④ Certificate of Adoption.....( Number of copies: )<br>⑤ Certificate of Full Adoption.....( Number of copies: )<br>2. Certificate of particular items (showing currently effective records only)<br>① Certificate of Family Relationship.....( Number of copies: )<br>② Certificate of Basic Personal Information...( Number of copies: )<br>③ Certificate of Marriage.....( Number of copies: )<br>④ Certificate of Adoption.....( Number of copies: )<br>⑤ Certificate of Full Adoption.....( Number of copies: )<br>3. Verification of the contents on report forms.....( ) case(s)<br>4. Verification of acceptance or rejection (processing or not being processed)....( ) case(s)<br>5. Viewing of the registration forms: Filed on Day____Month____Year____ Registration of _____<br>6. Family Census Register under the previous Family Registration Law :<br>Permanent address _____<br>Family head : Subject of application : of _____<br>Abolished Family Census Register (full record).... ( ) copy/copies,<br>Abolished Family Census Register (simplified).....( ) copy/copies,<br>Viewing of the Abolished Family Census Register....( ) case(s) |                           |                         |
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| Subject of the application | <input type="checkbox"/> Person concerned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Full name                 | (Chinese characters : ) |
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| Applying for               | 1. Certificate of registered items (showing whole records)<br>① Certificate of Family Relationship.....( Number of copies: )<br>② Certificate of Basic Personal Information...( Number of copies: )<br>③ Certificate of Marriage.....( Number of copies: )<br>④ Certificate of Adoption.....( Number of copies: )<br>⑤ Certificate of Full Adoption.....( Number of copies: )<br>2. Certificate of particular items (showing currently effective records only)<br>① Certificate of Family Relationship.....( Number of copies: )<br>② Certificate of Basic Personal Information...( Number of copies: )<br>③ Certificate of Marriage.....( Number of copies: )<br>④ Certificate of Adoption.....( Number of copies: )<br>⑤ Certificate of Full Adoption.....( Number of copies: )<br>3. Verification of the contents on report forms.....( ) case(s)<br>4. Verification of acceptance or rejection (processing or not being processed)....( ) case(s)<br>5. Viewing of the registration forms: Filed on Day____Month____Year____ Registration of _____<br>6. Family Census Register under the previous Family Registration Law :<br>Permanent address _____<br>Family head : Subject of application : of _____<br>Abolished Family Census Register (full record).... ( ) copy/copies,<br>Abolished Family Census Register (simplified).....( ) copy/copies,<br>Viewing of the Abolished Family Census Register....( ) case(s) |                           |                         |
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| Subject of the application | <input type="checkbox"/> Person concerned                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Full name                 | (Chinese characters : ) |
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| Applying for               | 1. Certificate of registered items (showing whole records)<br>① Certificate of Family Relationship.....( Number of copies: )<br>② Certificate of Basic Personal Information...( Number of copies: )<br>③ Certificate of Marriage.....( Number of copies: )<br>④ Certificate of Adoption.....( Number of copies: )<br>⑤ Certificate of Full Adoption.....( Number of copies: )<br>2. Certificate of particular items (showing currently effective records only)<br>① Certificate of Family Relationship.....( Number of copies: )<br>② Certificate of Basic Personal Information...( Number of copies: )<br>③ Certificate of Marriage.....( Number of copies: )<br>④ Certificate of Adoption.....( Number of copies: )<br>⑤ Certificate of Full Adoption.....( Number of copies: )<br>3. Verification of the contents on report forms.....( ) case(s)<br>4. Verification of acceptance or rejection (processing or not being processed)....( ) case(s)<br>5. Viewing of the registration forms: Filed on Day____Month____Year____ Registration of _____<br>6. Family Census Register under the previous Family Registration Law :<br>Permanent address _____<br>Family head : Subject of application : of _____<br>Abolished Family Census Register (full record).... ( ) copy/copies,<br>Abolished Family Census Register (simplified).....( ) copy/copies,<br>Viewing of the Abolished Family Census Register....( ) case(s) |                           |                         |
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