様式第12号（第10条関係）

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|  | 受給者証再交付申請書 | | | | | | | | | | | | | | | | | | |  | |
| 珠洲市福祉事務所長 | | | | | | | | | | | | | | | | | | | | | |
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| 年 　 月　 日 | | | | | | | | | | | | | | | | | | | | | |
| 受給者証の再交付について申請します。 | | | | | | | | | | | | | | | | | | | | | |
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| 受 給 者 証  の　種　類 | | １　通所受給者証 | | | | | | | | | | 受給者  証番号 | | | | |  | | | | |
| ２　肢体不自由児通所医療受給者証 | | | | | | | | | |
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| フリガナ | | |  | | | | | | | | 生年  月日 | | 年 月 日 | | | | | | | | |
| 給付決定保護者  氏名 | | |  | | | | | | | |
| 個人番号： | | | | | | | |
| 居住地 | | | 〒 |  | | | | | | | | | | | | | | | | | |
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|  | | | | | | | | 電話番号 | | | | |  | | | | | |
| フリガナ | | |  | | | | | | | | 続柄 | |  | | | | | | | | |
| 給付決定に係る  児童氏名 | | | 個人番号： | | | | | | | | 生年  月日 | | 年 月 日 | | | | | | | | |
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| 申請書提出者 | | | □給付決定保護者（本人）　　□給付決定保護者以外（下の欄に記入） | | | | | | | | | | | | | | | | | | |
| フリガナ | | |  | | | | | | | | 本人と  の関係 | | |  | | | | | | | |
| 氏　　名 | | |  | | | | | | | |
| 住　　所 | | | 〒 |  | | | | | | | | | | | | | | | | | |
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| 申請の理由 | | |  | | | | | | | | | | | | | | | | | | |
| １　汚損 | | | | | | ２　紛失 | | | | | | | | | ３　その他 | | | |
|  | | 具体的な状況 | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | | | | | |
| ※従前使用していた受給者証を添付すること。（紛失を除く。） | | | | | | | | | | | | | | | | | | | | | |