第８号様式（第７条関係）

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| 身体障害者手帳交付申請書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 令和　　　年　　月　 　日  高知県知事　様  申請者氏名  身体障害者手帳の交付を次のとおり申請します。  １　申請理由（該当するものを○で囲んでください。）  １　新規交付　　　　　　　　　　　４　紛失  ２　障害程度の変更　　　　　　　　５　破損  ３　新しい障害の追加 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 福祉事務所又は町村等記載欄※１ | | | | | | | | | | | | | | | | | | | |
| 申請理由 | | | | | | | | | |  | | | | | | | | | |
| 発行者 | | | | | | | | | | 手帳番号 | | | | | | | | | |
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| 町村コード | | | | | | | | ケース番号 | | | | | | | | | | | |
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| ２　申請者氏名・居住地等（楷書ではっきり書いてください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 大正（Ｔ）  昭和（Ｓ）  平成（Ｈ）  令和（Ｒ） | | | | | | | 年　　　月　　　日生 | | | | | | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 個人番号 |  |  | | | |  | |  | |  | |  | |  | | | | |  | |  | | | |  | | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 居住地 | ※ | | 市  　　　　　　　　　　　町  　　　　　　　　　　　村 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所コード |  | |  | | － | |  | |  | |  | |  | | | － | |  | | | |  | | |  | |  | |  | | |  |  | | |  | | |  | |  | |  | | |  | |  |  | |  | |  |
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| ３　保護者氏名・続柄（申請者が15歳未満の場合）　　　　　　　　　 　※ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 父……１　兄……５  母……２　姉……６  祖父…３　その他コ  祖母…４　ード表参照 | | | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | | | | | 続柄 | | | | | |  | | | | | | | | | | | | | |  | | | | |
| ４　手帳交付番号等（申請理由が２、３、４又は５の場合） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 手帳番号 | | | | 手帳交付年月日 | | | | | | | | | | | | 種別 | | | | | | 等級 | | | | 障害名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※（　　　　　）  発行者  第　 　　　号 | | | | 年　　月　　日 | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ５　旧居住地・氏名等（居住地・氏名変更届が提出されていない場合） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 旧居住地 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 旧氏名 | | | | | | | | | | | | | | | | | | | | | | |
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備考　１　「個人番号」欄は、申請理由が新規交付である場合のみ記載してください。

２　※印欄は、記載しないでください。

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| 写真  ○脱帽・上半身  ○撮影後１年以内  ○縦４㎝×横３㎝ | | | | | | |  | | | | | | | | | | | | | | | 高知県 | | | | | | | | | | 福祉事務所又は町村 | | | | | | | |
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| 福祉事務所又は町村連絡メモ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 高知県処理欄（以下は、記載しないでください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 障害名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 等級 | | | 指数 |
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| 合計 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  |
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| 視力 | | | | | | | | | |  | | | 聴力 | | | | | | | | | | | | |  | | 有期再認定年月日 | | | | | | | | | | | |
| 右 | | | | 左 | | | | | |  | | | 右 | | | | | | 左 | | | | | | |  | |
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