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|  | 様式第２号 | | | | | | | | | | | | | | 土佐清水市  葬祭費支給申請書 | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | 保険者番号 | | | | |  | | |  | **3** | | **9** | | **0** | | **0** | | **8** | | **8** | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 死亡者の個人番号 | | | | | | | | | | | | | | | |  | | | | |  | | | | |  | | |  | | |  | | |  | | |  | | |  |  |  |  |  |  |
|  | 死亡者の生年月日 | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 死亡年月日 | | | | | | | | | | | | | | | | 年　　　 月　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 葬祭執行者 | | 葬祭日 | | | | | | | | | | | | | | 年　　　 月　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 住所 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 氏名 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 連絡先 | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 受取口座 | | | | □ 公金受取口座を利用する（利用する場合は口座情報の記入不要）  ※公金受取口座を登録していない方は、マイナポータルから簡単に登録いただけます。通帳等の写しの  提出も不要になります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | * 振込口座を下記のとおり指定する | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 振込先 | 銀行  信用金庫  信用組合  協同組合  （ 　　　　） | | | | | | | | | | | | | | | | | 本店・支店  （　　　　） | | | | | | | | | | | | | | | | | | | | | | | | 預金種別 | 普通  当座（　　　　） | | |  |
|  |  | | | | | |  | | |  | | |  | | |  | | |  | | | |  | |  |
|  | 口座番号等  左詰記載して下さい | | |  | | | |  | | |  | |  | | | |  | |  | | | | |  | | | |  | | | | | | | | | | | | | | | | | | |  |
|  | 口座名義人  （カタカナ） | | |  | | | |  | | |  | |  | | | |  | |  | | | | |  | | | |  | | |  | | |  | | | |  | | | |  |  |  |  |  |  |
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|  | 上記のとおり申請します。  年 　　　月 　　　日  土　　佐　　清　　水　　市　　長　様　 〒  申請者　　住　　所  氏　　名  死亡者との続柄  連絡先 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | (申請者と受領者が異なる場合は、この委任状欄にご記入ください。）  代理人への受領を了承します。  申請者氏名　　　　　　　　　　 印  代理人  住所  代理人氏名　　　　　　　　　　 印  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 上記の者は、死亡届出により事実であることを認めます。  年　　　月　　　日　　　（担当者）  処理済　　　□　　　番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |