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|  | 受給者証再交付申請書 | | | | | | | | | | | | | | | | | | | |  | |
| 土佐清水市福祉事務所長　様 | | | | | | | | | | | | | | | | | | | | | | |
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| 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　障害福祉サービス受給者証 | | | | | | | | 受給者  証番号 | | | |  | | | | | | | | |
| ２　地域相談支援受給者証 | | | | | | | |
| ３　療養介護医療受給者証 | | | | | | | |
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| フリガナ | | |  | | | | | | | | | | 生年  月日 | | 年 月 日 | | | | | | | |
| 支給(給付)決定  障害者(保護者)  氏名 | | | 個人番号： | | | | | | | |  | |
| 居住地 | | | 〒 |  | | | | | | | | | | | | | | | | | | |
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| 支給決定に係る  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 | | | □申請者本人　　□申請者本人以外（下の欄に記入） | | | | | | | | | | | | | | | | | | | |
| フリガナ | | |  | | | | | | | | | | 本人と  の関係 | | |  | | | | | | |
| 氏名 | | |  | | | | | | | | | |
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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 | | | | | | | | | | | | | | | | |  |
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| ※従前使用していた受給者証を添付すること。（紛失を除く。） | | | | | | | | | | | | | | | | | | | | | | |