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| 様式第８号（第８条関係） | |  |  |  |  |  |  |  |
|  | 受給者証再交付申請書 | | | | | | |  |
| 貝塚市長　様 | | | | | | | | |
|  | | | | | | | | |
| 年 月 日 | | | | | | | | |
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| 受給者証の再交付について申請します。   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 給付決定保護者 | フリガナ |  | | 個人番号 |  |  |  |  | |  |  |  |  |  |  |  |  | | 氏名 |  |  | 生年月日 | 年 月 日 | | | | | | | | | | | | | | 居住地 | 〒 | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | 電話番号 | | | |  | | | | | | | | | | フリガナ | |  | | 個人番号 |  |  |  |  | |  |  |  |  |  |  |  |  | | 給付決定に係る児童氏名 | |  | | 生年月日 | 年 月 日 | | | | | | | | | | | | | | 続　柄 |  | | | | | | | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | | 受給者証  の種類 | １ 通所受給者証  ２ 肢体不自由児通所医療受給者証 | 受給者証番号 |  |  |  |  |  | | --- | --- | --- | | 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）

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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） | | |
| 氏　　名 |  | 申請者と  の関係 |  |
| 住　　所 | 〒    電話番号 | | |