様式第4号(第6条、第7条関係)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 子どもの医療に関する申請(届出)書  年　　月　　日  　永平寺町長　　　　様  申請者　住所  (届出者)氏名  電話  　次のとおり申請(届出)します。  1欄　(受給者証再交付申請) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 再交付理由 | | | 破損・亡失 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 対象者 | | | 氏名 |  | | | | | | 番号 | |  | |  | | |  |  | | |  |  | |  |  | | |  |  | |  |
| 受給資格者 | | | 氏名 |  | | | | | | 性別 | | 男・女 | | | | | | | | | | | | | | | | | | | |
| 住所 | 永平寺町 | | | | | | 生年月日 | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | |
| 2欄　(資格喪失届出) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 対象者氏名 | | |  | | | | | | | 番号 | |  | |  | | |  |  | | |  |  | |  |  | | |  |  | |  |  |
| 理由 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 喪失年月日 | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3欄　(登録事項変更届出) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 対象者氏名 | | |  | | | | | | | 番号 | |  | |  | | |  |  | | |  |  | |  |  | | |  |  | |  |  |
| 変更年月日 | | | 年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 変更事項 | 対象者 | 氏名 | | |  | | | | | 性別 | |  | | | | | | | | | | | | | | | | | | | |
| 個人番号 | | |  |  |  |  |  | |  | |  | | |  | | | |  | | |  | | |  | | | |  | |
| 住所 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 生年月日 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 保護者 | 氏名 | | |  | | | | | 生年月日 | | | | |  | | | | | | | | | | | | | | | | |
| 個人番号 | | |  |  |  |  |  | |  | |  | | |  | | | |  | | |  | | |  | | | |  | |
| 住所 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 加入保険 | 世帯主・被保険者又は組合員氏名 | | |  | | | | | 性別 | | 男・女 | | | | | | | 対象者との続柄 | | | | | | | |  | | | | |
| 住所 | | |  | | | | | 生年月日 | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | |
| 名称 | | |  | | | | | 記号番号 | | | | |  | | | | | | | | | | | | | | | | |
| 所在地 | | |  | | | | | 付加給付 | | | | | 無・有(　　　) | | | | | | | | | | | | | | | | |
| 口座 | 金融機関名 | | |  | | | | | 口座番号 | | | | |  | | | | | | | | | | | | | | | | |
| 支店名 | | |  | | | | | 名義 | | | | |  | | | | | | | | | | | | | | | | |
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