様式第22号(第10条関係)

身体障害者居住地・氏名変更届

年　　月　　日

　守谷市長　　　　宛て

　　　申請者居住地

　　　氏名　　　　　　　　　　　　　　　　　　　　　　　　　印　　　電話番号

　下記のとおり届け出ます。

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| 21　県外→県内　22　県内→県内 | | | | | | | | | |  | | | |
| 居住地変更 | 新居住地 | | | | | | | | 茨城県守谷市 | | | | |
| 0 | 8 | 2 | 2 | 4 |  |  |  |  | | | | |
| 旧居住地 | | | | | | | |  | | | | (大字) |
|  |  |  |  |  |  |  |  |  | | 都・道  府・県 | 市　　　　　　町  　　　　　　郡　　　　　　村 | |

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|  | | | | | | | | | | | | | | | | | | | | | | | 保護者住所・氏名変更 | 身体障害者手帳所持者が15歳未満の場合 |
| 22　氏名変更 | | |  | | | | | | | | | | | | | | | | | | | |
| 新氏名 | フリガナ  新氏名 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 住所  フリガナ  氏名　　　　　　　　　　　続柄 | |
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| 身体障害者手帳 | フリガナ  氏名 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | 手帳番号 | | | 都道府県市 | |  | | | | | | | | 種別 | | 等級 | | 性別 | |
|  | | | | | | | | | | |  | | | | | | | | | |  | |  | | 1男  2女 | |
|  | 0 | 8 | 第 |  |  |  |  |  |  |  |  | 号 |  | 種 |  | 級 |
| 交付年月日 | | | | | | | | | | | 障害名 | | | | | | | | | | | 生年月日 | | | | | | | | | | | | | | | | | |
|  | |  |  | 年 |  |  | 月 |  |  | 日 |  | | | | | | | | |  |  | 年 |  |  | 月 |  |  | 日 |

県外→県内の場合　県内→県内の場合

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| 実施機関コード | | | | |  | 実施機関コード | | | | | |  | 更生指導台帳番号 | | | | | | | | |  | 受付年月日 | | | | | | | | | |  | 統計用原因コード | | コメント | |
| 県等 | | 変更後 | | | 変更前 | | | 変更後 | | |
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| 原因名・障害名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 視力 | | | | | | 聴覚 | | | | | |
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