様式第1号(第2条関係)

身体障害者手帳交付申請書

年　　月　　日

　守谷市長　　　　宛て

　　　申請者居住地

　　　氏名　　　　　　　　　　　　　　　　　　　　　　　印　　　電話番号

　下記のとおり申請します。

　第1欄　手帳の交付を受けたい者について，楷書ではっきり書いてください。

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| 氏名 | | |  | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  |  |  | 年 |  |  | 月 |  |  | 日 |
| 個人番号 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 居住地 | | | 茨城県守谷市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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　第2欄　保護者について，楷書ではっきり書いてください。

(身体に障害のある15歳未満の児童の場合)

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| フリガナ |  |  | |  | |  | |  | | |  |  | |  | |  | | |  | |  |  |  |  |  |  |  |  | |  |  | 同居  別居 | 1　同居  2　別居 | 続柄 | A　父　B　母　C　祖父　D　祖母  E　兄　F　姉　G　おじ　H　おば  I　親族　J　施設長等　K　その他 |
| 氏名 |  | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 個人番号 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 居住地  ※同居は記入不要 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | (大字) | | | | | | |
|  | | | | | | | | 都・道  府・県 | | | | | | | | 市　　　　　　町  　　　　　郡　　　　　　村 | | | | | | | | | | | | | | | | | | |
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注意1　身体に障害のある15歳未満の児童についての手帳の交付は，保護者等が代わって申請することになっています。この場合には，第2欄も記入してください。ただし，児童福祉法第27条第1項第3号の規定により里親に委託され，又は児童福祉施設に入所した児童については，当該里親又は児童福祉施設の長が代わって申請してください。

　　2　氏名については，記名押印又は自筆による署名のいずれかとしてください。

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| 実施機関コード | | | | 更生指導台帳番号 | | | | | | | | |  |  | 種別 | 等級 | 統計用原因コード | | コメント | | 理由CD | | 認定区分 | |
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| 原因名　　・　　障害名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 視力 | | | | | | 聴覚 | | | | | | |
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