様式第24号(第12条関係)

身体障害者手帳再交付申請書

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。

　手帳の再交付を受けたい者(障害のある者)

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| 紛失　棄損　程度変更(障害の程度が変わった場合)　障害変更(新たな障害が追加になった場合) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 居住地 | 茨城県守谷市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 身体障害者手帳 | | 手帳番号 | | | | | | | | | | |  | | | | | | | | 都道府県 | | | | |  | | | | | | | | | | | | | | | | | | 交付年月日 | | | | | | | | | | | | | | | | | 旧種別等級 | | | | | | | | | |
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注意　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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| 種別 | | 等級 | | | 理由CD | | | | | | 認定区分 | | | | | | 削除する原因名・障害名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
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