様式第1号(第4条関係)

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| 藤崎町ひとり親家庭等医療費受給資格証交付(更新)申請書  　　年　　月　　日  藤　崎　町　長  住　所  申請者　　氏　名  電　話 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 給　　　　　付　　　　　対　　　　　　象　　　　　　者 | ふりがな | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 氏名 | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 生年月日 | | 年　　　月　　　日 | | | | | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | |
| 続柄 | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 申請者との同居・  別居の別 | | 同　居　・　別　居 | | | | | | | | | | | | 同　居　・　別　居 | | | | | | | | | | | | 同　居　・　別　居 | | | | | | | | | | | |
| 父又は母の氏名 | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| ひとり親家庭等となった原因 | |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| ひとり親家庭等となった年月日 | | 年　　　月　　　日 | | | | | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | | 年　　　月　　　日 | | | | | | | | | | | |
| 加　入　保　険 | 保険の  種類 |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 記号番号 |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 付加給付の有無 |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 保険者 |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 所在地 |  | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | |
| 個人番号※ | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 資格証交付番号 | | | 第　　　　　　　　　　　　号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 認める　　　　　給付対象者と認める年月日　　　　　　　　　　　年　　月　　日  給付対象者と  認めない　　　　認めない理由 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

※「個人番号」欄へ給付対象者の個人番号(マイナンバー)を記入することにより、規則第４条第１号に規定する書類の添付を省略することができます。

様式第1号(第4条関係)　別紙

扶養義務者等のマイナンバー提出表

給付対象者と同一住所地に住む方の氏名と個人番号(マイナンバー)を記載してください。

※世帯分離している方を含みます。(ただし、おじ・おば・甥・姪等は除きます。)

※本書類の提出がない場合は、マイナンバー制度による情報連携ができません。

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|  | 氏　名 | 給付対象者  との続柄 | マイナンバー(個人番号) | | | | | | | | | | | |
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