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| 第７号様式（第１０条様式）  （届出書） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 3㎝ | | | | | |  | | | | | | 身体障害者手帳交付等申請書　（（届出書） | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | | |  | |
| 写　　真 | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| ※貼らずにご提出ください。 | | | | | |  | | | 4㎝ | | | | | | | | | | | | | | | | | | 奈良県知事 | | | | | | | | | | | | | | | | | | | | | | | | 殿 | | | | | | | | | | |  | |
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|  | | | 次のとおり申請（届出）します。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| 第１欄　申請（届出）理由（該当する数字を○で囲んでください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| １ | | 新規申請 | | | | | | | | | ２ | | | 再交付申請 | | | | | | | | | | | | | | | | | | | | ３ | | | | | | 居住地変更（県内の移動） | | | | | | | | | | | | | | | | | | | | | |  | |
| （等級変更･障害名追加･紛失･破損･その他） | | | | | | | | | | | | | | | | | | | | （　　 年 月 日変更） | | | | | | | | | | | | | | | | | | | | | |  | |
| ４ | | 氏名変更 | | | | | | | | | ５ | | | 転入（県外から） | | | | | | | | | | | | | | | | | | | | ６ | | | | | | 死　　　亡 | | | | | | | | | | | | | | | | | | | | | |  | |
| （　　 年 月 日変更） | | | | | | | | | （　　 年 月 日転入） | | | | | | | | | | | | | | | | | | | | （　　 年 月 日死亡） | | | | | | | | | | | | | | | | | | | | | |  | |
| ７ | | 返　　還 | | | | | | | | | ８ | | | 転出（県外へ） | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | |
| （　　 年 月 日転出） | | | | | | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | | | | | | | | | | | | | | | |  | |
| 第２欄　申請者の住所、氏名等（全ての申請（届出）において記載してください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| ふりがな | | | | ならけんごせし | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |  | |
| 住　　所 | | | | 奈良県御所市 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 電話番号 | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |  | |
| （現住所） | | | |  |  | |
| ふりがな | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | | | | | |  |  | |
| 氏　　名 | | | |  | | | | | | | | | | | | | |  | | | 個人番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
| （申請者） | | | |  | |  | | |  | |  | | |  | | | |  | | |  | | | | |  | | |  | |  | | | |  | | | |  | |  | | |  |  | | |
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| 生年月日 | | | | | | | 年　　月　　日生 | | | | | | | |  | | | | | |  | | 15歳未満の児童の場  合には児童との続柄 | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  |  | |
| 【市町村記入欄】本人を確認し、チェックの上、該当番号を○で囲むこと。 | | | | | | | | | | | | | | | | | | | | |  | |  |  | |
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| □　本人の個人番号の確認 | | | | | | | | | | | | | | | | | | | | |  | | 15歳未満の児童 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
| 1　個人番号カード　　　2　通知カード | | | | | | | | | | | | | | | | | | | | |  | | ふりがな | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
| 3　その他（ | | | | |  | | | | | | | | | | | | | | | ） |  | | 氏　　名 | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
| □　本人又は代理人の身元（実在）の確認 | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | |  |  | |
| 1　個人番号カード　　　2　運転免許証　　　3　身体障害者手帳 | | | | | | | | | | | | | | | | | | | | |  | | 生年月日 | | | | | | | | | | | 年 月 日 | | | | | | | | | | | | | | | | | | | | | 生 | | | | | |  |  | |
| 4　その他（ | | | | |  | | | | | | | | | | | | | | | ） |  | |  |  | |
| □　代理人の申請（届出）の場合にあっては、代理権の確認 | | | | | | | | | | | | | | | | | | | | |  | |  | | 個人番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |
| 1　戸籍謄本（法定代理人の場合）　2　委任状（任意代理人の場合） | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |  | | | |  | | |  | | |  | | | | |  | | |  | |  | | | |  | | | |  | |  | |  |  | |
| 3　その他（ | | | | |  | | | | | | | | | | | | | | | ） |  | |  | |  |  | |
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| 第３欄　手帳交付番号等 | | | | | | | | | | | | | | | | | | | 第４欄　障害名等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| （申請（届出）理由が２から８までの場合に記載してください。） | | | | | | | | | | | | | | | | | | | （申請（届出）理由が２から８までの場合に記載してください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 手帳交付番号 | | | | | | | | | | 交付（変更）年月日 | | | | | |  | | | 障害名（返還の場合にあっては、その理由） | | | | | | | | | | | | | | | | | | | | | | | | | | | ＪＲ割引 | | | | | | | | 等　級 | | | | | | | |  | |
| 都道府県市区 | | | | | | | | | | 年 月 日 | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | 第 | | | | | | | |  | | | | | | | |  | |
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| 第 |  | | | | | | | 号 | |  | | | 視覚 　右 　左 | | | | | | | | | | | 聴覚 　右 　左 | | | | | | | | | | | | | | | | 種 | | | | | | | | 級 | | | | | | | |  | |
| 第５欄　旧住所 | | | | | | | | | | | | | | | | | | | | | | | | | 第６欄　旧氏名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| （申請（届出）理由が３及び５の場合に記載してください。） | | | | | | | | | | | | | | | | | | | | | | | | | （申請（届出）理由が４の場合に記載してください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 旧　　　　　　　　　住　　　　　　　　　所 | | | | | | | | | | | | | | | | | | | | | |  | | | 旧　　　　氏　　　　名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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| ※　申請（届出）理由の区分に応じ、次の○で囲んである各欄を記入してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | | 新規申請 | | | | | | | 再交付申請 | | | 居住地変更 | | | | 氏名変更 | | | | | | | 転　　入 | | | | | | | | 死　　亡 | | | | | | | | | 返　　還 | | | | | | | | | 転　　出 | | | | | | | | | |  |
| 第　１　欄 | | | １ | | | | | | | ２ | | | ３ | | | | ４ | | | | | | | ５ | | | | | | | | ６ | | | | | | | | | ７ | | | | | | | | | ８ | | | | | | | | | |  |
| 第　２　欄 | | | ◯ | | | | | | | ◯ | | | ◯ | | | | ◯ | | | | | | | ◯ | | | | | | | | ◯ | | | | | | | | | ◯ | | | | | | | | | ◯ | | | | | | | | | |  |
| 第　３　欄 | | |  | | | | | | | ◯ | | | ◯ | | | | ◯ | | | | | | | ◯ | | | | | | | | ◯ | | | | | | | | | ◯ | | | | | | | | | ◯ | | | | | | | | | |  |
| 第　４　欄 | | |  | | | | | | | ◯ | | | ◯ | | | | ◯ | | | | | | | ◯ | | | | | | | | ◯ | | | | | | | | | ◯ | | | | | | | | | ◯ | | | | | | | | | |  |
| 第　５　欄 | | |  | | | | | | |  | | | ◯ | | | |  | | | | | | | ◯ | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  |
| 第　６　欄 | | |  | | | | | | |  | | |  | | | | ◯ | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  |
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| 備考　申請者の住所、氏名等（第２欄）の記入方法 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | □更生医療同時申請 | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| ・身体障害のある１５歳未満の児童については、児童本人の個人番号のみを記入し、 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 令和　　年　　月　　日～ | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| 申請者である保護者の個人番号の記入は不要です。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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