別記第12号様式（第8条関係）

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| 養育医療決定事項変更（医療券紛失）届 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1変　更 | | | | | | | | | | | | | | | | 変　　　更  年　月　日 | | | | |  | | | | | 年 |  | | | 月 | |  | | | 日 | |
| ※変更年月日が未確定のときは、  記入しないでください。 | | | | | | | | | | | | | | | |
| 変更事項のみ記入してください。 | | | | | | | | | | | | | | | |
| 変　　更　　事　　項 | 受　　療　　者 | フリガナ | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | 添付書類 | | | | | |
| 氏　　名 | | | | | 姓 | | | | | | | | | | | | 名 | | | | | | | | | | | | 事実を証明  するもの | | | | | |
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| 住　　所 | | | | | 郵便番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 保険証 | 種類 | | | | 国保・組合・共済・協会けんぽ・船員・その他（　　　　　）  ※該当するものに○をつけ、新しい保険証の写しを添付してください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 記号  番号  等 | | | | 記　　号 | | | | | | | | | | 番　　号 | | | | | | | 保険者番号 | | | | | | | | | | | | |
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| 申　　請　　者 | フリガナ | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | 続　柄 | | | |
| 氏　　名 | | | | | 姓 | | | | | | | | | | | | 名 | | | | | | | | | | | | | |  | | | |
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| 電話番号 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 世帯員異動 | 異動者氏名 | | | | | | | | | | | 生年月日 | | | | | | | 続　柄 | | | | | 職　業 | | | 異動事由 | | | | | | | | |
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| ※添付書類： | | | | | 医療券の写し、変更点における事実を証明するもの、新しい保険証の写し、 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | 世帯調書、所得税額等証明書、その他変更点に応じた必要書類 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 2　紛　失 | | | | | 紛失に気づいた日時、場所、状況等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 上記のとおり変更（紛失）しましたので、届け出ます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 長　洲　町　長 | | | | | | | | | 様 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
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