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| 様式第1号（第4条関係） | | | | | | | | | | | | | | | | | |  | | |
| 粕屋町おたふくかぜ予防接種費用助成金申請書  年　　月　　日  粕屋町長様    標記の件につきまして、下記のとおり申請します。  記 | | | | | | | | | | | | | | | | | |  |  | |
| ふりがな |  | | | | | | | | | | | | | | | | |  | | |
| 申請者名 | （被接種者との続柄　　　　　　　　　　　） | | | | | | | | | | | | | | | | |  | | |
| ふりがな |  | | | | | | | | | | | 性別 | | | 被接種者の 生年月日 |  | 年　　　月　　　日  ( 歳　　　　か月) |  | |
| 被接種者名 |  | | | | | | | | | | | 男 ・ 女 | | |  | |
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| 住所 | 粕屋町 | | | | | | | | | | | | | | | | |  | | |
| 電話番号 |  | | | | | | | | | | | | | | | | |  | | |
| 予防接種 実施日 | 年　　　　　月　　　　　日 | | | | | | | | | | | | | | 接種費用 | 円 | |  | | |
| 振込指定金融機関名 | | | | | | | | | | | | | | | | | |  | | |
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| 金融機関名 |  |  | |  | |  | | 銀行　・　農協 金庫　・　組合 | | | | | | | 支店名等 | （支店番号　　　 　　　　　） | |  | | |
| 口座の種類 | 普通 ・ 当座 | | | | | | | | | | | | | | ふりがな |  |  |  | | |
| 口座番号 |  | |  | |  | |  | |  | |  | |  | | 口座名義人 |  |  |  | | |
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| **※**添付書類等 | | | | | | | | | | | | | | |  |  |  |  |  | |
| １．予防接種済証写し　□　　２．領収書写し　□  助成決定額　　　　　　　円 | | | | | | | | | | | | | | | |  |  |  |  | |
| ３．振込先の口座が分かるものの写し　□　　４．本人確認書類（運転免許証等）　□ | | | | | | | | | | | | | | | | |  |  | |
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