様式第13号(第13条関係)

身体障害者手帳再交付申請書

年　　月　　日

(申請先)土浦市福祉事務所長

　　　申請者居住地

　　　　　氏名　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　　電話

　　　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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| 1紛失　2棄損　3程度変更(障害の程度が変わった場合)　4障害変更(新たな障害が追加になった場合)　5再認定 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
| フリガナ |  |  |  |  |  | |  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  |  |  | |  | | 生年月日 | | | 1　明治　4　平成  2　大正 | | | | | | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| 3　昭和 | | | | |  | |  | 年 | |  | |  | 月 |  |  | 日 |
| 居住地 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身体障害者手帳 | 手帳番号 | | | | | 都道府県 | | |  | | | | | | | | | | | | | | | | | | 交付年月日  3　昭和 | | | | | | | | | | | | | | | | 旧種別等級 | | | | | | | | | | |
| 市　　第 | | | | | | | | | |  | |  |  |  | |  | |  | |  | |  | | 号 | | 4　平成 | | | |  | |  | | 年 |  | |  | 月 |  |  | 日 |  | | |  | | 種 | | |  | 級 | |
| 旧障害名 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|  | 更生指導台帳番号 | | | | | | | | |  |
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|  | 市受付年月日 |  |  | のりづけ |  |
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|  | 写真  (4cm×3cm)  脱帽のこと  裏面に市町村名、氏名を記入する。 |  |
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