様式第29号(第22条関係)

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|  | | | | | | | | | | | 後期高齢者医療葬祭費支給申請書 | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| 受付日　　　　　　年　　月　　日  決定日　　　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 保険者番号 | | ３ | | ９ | | | １ | | ２ | | |  | |  | |  | |  | | |  | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | | 被保険者番号 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |  | | | | |
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|  | | | | | | 支給金額 | | | | | | | | | | | | | | |  | | | ￥ | ５ | | ０ | | ０ | | ０ | | | ０ | | － | |  | | | | |
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|  | 死亡者の氏名 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 死亡者の生年月日 | | | | | | | | | | | | | 明治 ・ 大正 ・ 昭和　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 死亡年月日 | | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 死亡の場所 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 死亡の原因 | | | | | | | | | | | | | 1：第三者行為（交通事故等）２：その他（自損事故・疾病等） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他 | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 葬祭執行者 | 葬祭日 | | | | | | | | | | | | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 該当するものに○をつけてください。該当するものがない場合は(　)内に記載してください。網掛けの中は記載不要です。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 振込先 | 銀行  信用金庫  信用組合  協同組合  (　　　) | | | | | | | | | | | | | | | | | | 本店・支店  (　　　　) | | | | | | | | | | | | | | | | | 預金種別 | | 普通  当座  (　　　) | | |  |
|  | | |  | | |  | |  | |  | | |  | |  | |
| 口座番号等  左詰記載して下さい | |  |  | | |  | |  | | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | | |  | | | | | | | | |
| 口座名義人  (カタカナ) | |  |  | | |  | |  | | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | | |  | |  | |  | |  |  |  |
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| 口座名義人はカタカナで上段より左づめで記入してください。濁点・半濁点は1字として、姓と名の間は1字あけてください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 上記のとおりに申請します。  　　　　　　　年　　月　　日  　　(宛先)千葉県後期高齢者医療広域連合長  申請者　　　住所  氏名  死亡者との続柄  連絡先 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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