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| **身体障害者手帳交付申請書**  令和　　　年　　　月　　　日   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 本  人 | ふりがな |  | | | | | | 生年月日 | Ｔ・Ｓ・Ｈ・Ｒ  年　　月　　日 | | | | | | 氏　名 | （ 男 ・ 女 ） | | | | | | | 個人番号 |  |  |  |  |  |  |  |  |  |  |  |  | | 居住地 | 〒  （電話　　　　－　　　　－　　　　） | | | | | | | | | | | | | 保護者 | ふりがな |  | | | | | | 続柄 |  | | | | | | 氏　名 |  | | | | | | 生年月日 | Ｔ・Ｓ・Ｈ・Ｒ  年　　月　　日 | | | | | | 居住地 | 〒  （電話　　　　－　　　　－　　　　） | | | | | | | | | | | |   注　保護者の欄は、本人が１５歳未満の児童である場合のみ記入してください。 | | | | |
| **岡山県知事** 　　　　　　　**殿**  身体障害者福祉法第15条の規定により身体障害者手帳を交付願い  たく関係書類を添えて申請します。 | | | | |
|  | 認  定 | 種 級 |  |  |
| 再　認　定 | 令和　　　年　　　月　　　日（　　　　　　　　　　　　　　　　　） |
| 上記の欄は、申請者は記入しないこと。 | | | | |