別記様式第1号(第3条関係)

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| 介護保険住所地特例適用・変更・終了届  　　様似町長　様  　　　次のとおり住所地特例(適用・変更・終了)について届出ます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | 届出年月日 | | | | | | 年　 月　 日 | | | | | | | | |  |
|  | 届出人氏名 | |  | | | | | | | | | | | 本人との関係 | | | | | |  | | | | | | | | |
| 届出人住所 | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 被保険者 | 被保険者番号 |  |  |  |  |  |  |  |  |  |  | 個人番号 | | |  |  |  |  | |  |  |  |  |  |  |  |  |
| フリガナ |  | | | | | | | | | | | | 性　　 別 | | | | | 男　・　女 | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | 生年月日 | | | | | 年 月　 日 | | | | | | | | |
| 世帯主との  続柄 | | | | |  | | | | | | | | |
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| 世　帯　主 | フリガナ |  | | | | | | | | | | | | 性別 | | | | | 男　・　女 | | | | | | | | |
| 氏名 |  | | | | | | | | | | | |
| 生年月日 | | | | | 年 月　 日 | | | | | | | | |
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| 異動前情報 | 従前の  住所 | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※　異動前住所が施設の場合、以下も記入のこと | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 退所年月日 | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 異動後情報 | 現住所 | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※　異動後居住地が施設の場合、以下も記入のこと。 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 名称 |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 入所年月日 | 年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | |
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