（様式第５号）

療 育 手 帳 記 載 事 項 変 更 届

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| 令和 |  |  | 年 |  |  | 月 |  |  | 日 |

駒ヶ根市福祉事務所長　経由

児童相談所長　知的障害者更生相談所長　様

|  |  |  |
| --- | --- | --- |
| 申請者氏名 |  | 本人　保護者 |

療育手帳の記載事項に次のとおり変更がありましたので届けます。

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| 変更前 | ふりがな |  | | | | | | |  | | | | | | | | 生年月日 | | 大正  昭和  平成  令和 | | | | |
| 本人氏名 |  | | | | | | |  | | | | | | | | 年　　　月　　　日 | | | | |
| 住所 | 〒 |  | |  |  | | ― | | |  |  | |  | |  |  | | | | | | |
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| 電話番号 | （　　　　　）　　　　― | | | | | | | | | | | | | | | 手帳番号 | | 第　　　　号 | | | | |
| 個人番号 |  | |  | | |  | | |  | | |  | |  | |  |  | |  |  |  |  |

変更する記載事項該当するものすべてに✓をつけてください

本　人（氏名変更　住所変更　電話番号）

保護者（氏名変更　住所変更　電話番号）　　　　保護者変更

**変更後の内容について変更箇所のみ記載ください**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 本　　人 | ふりがな |  | | | | | | | | | | |  | | | | | | | | |
| 氏　名 |  | | | | | | | | | | |  | | | | | | | | |
| 住　所 | 〒 |  | |  | |  | | ― | |  | | |  | |  | |  | |  | |
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| 電話番号 | （　　　　　）　　　　― | | | | | | | | | | | | | | | | | | | |
| 保　護　者 | ふりがな |  | | | | | | | | | | |  | | | | | | | | |
| 氏　名 |  | | | | | | | | | | |  | | | | | | | | |
| 住　所 | 〒 | |  | |  | |  | | ― | |  | | |  | |  | |  | |  |
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| 電話番号 | （　　　　　）　　　　― | | | | | | | | | | | | | | | | | | | |
| 本人との続柄 |  | | | | | | | | | | | | | | | | | | | |

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| 市町村受理印 | 判定機関受理印 |

市町村記入欄

判定機関記入欄

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| 児 | 知 | １ | ２ | 中 | 松 | 飯 | 諏 | 佐 |
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