(様式第10号)

療　育　手　帳　返　還　届

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 令和 |  |  | 年 |  |  | 月 |  |  | 日 |

駒ヶ根市福祉事務所長　経由

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

児童相談所長　知的障害者更生相談所長　様

療育手帳を次の理由により返還します。

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 交付の対象として該当しなくなった。 | | | | | | | | | | | |
| 死亡 | 令和 |  |  | 年 |  |  | 月 |  |  | 日 | 死亡 |
| その他（理由を記入してください） |  | | | | | | | | | | |

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 保護者 | ふりがな |  | | | | |  | | | | | 本 人 と の 続 柄 |  |
| 氏 名 |  | | | | |  | | | | |
| 住所 | 〒 |  |  |  | ― | |  |  |  |  |  | |
|  | | | | | | | | | | | |
| 電話番号 | （　　　　　）　　　　― | | | | | | | | | | | |

|  |
| --- |
| 市町村受理印 |
| 判定機関受理印 |

市町村記入欄

|  |
| --- |
| ※市町村から判定機関への連絡事項 |

判定機関記入欄

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