この書類は郵送可能です。（出張所・連絡所でもお預かりします。）　障害福祉課

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| 第１０号様式  身体障害者手帳返還届  年　　月　　日  　　　船 橋 市 長　　あて  　　　　　　　　　　　　　　　住　所　　船橋市  　　　　　　　　　　　　　　　ふりがな  　　　　　　　　　　　　　　氏　名  　　　　　　　　　　　　　　続　柄  T E L　　　　　（　　　　）  　　　　　　　年　　　月　　　日  □死亡　　□不要  □その他（　　　　　）  下記の者は　　　　　　　　　　　のため、身体障害者手帳を返還いたします。  □その他（　　　　　　　　　　　　）  □その他（　　　　　）  記   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 住　　所 | 船橋市 | | | | | | | | | | | | | | | | | ふりがな |  | | | | | | | | | | | | | | | | | 氏　　名 |  | | | | | | | | | | | | | | | | | 手帳番号 | 県・船橋市　第　　　　号 | | | | | | | 交　付  年月日 | | | 年　　月　 日 | | | | | | | 個人番号  (マイナンバー) |  |  |  |  |  |  |  | |  |  | | |  | |  |  | | 障害名 | 視覚 聴覚 音声・言語・平衡・そしゃく  心臓 腎臓 肢体不自由（上肢/下肢/体幹/脳原性）  小腸 免疫 肝臓 呼吸器 ぼうこう・直腸 | | | | | | | | | | | 等級 | | 種    　　　　級 | | | |

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