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８号様式  身体障害者手帳再交付申請書  年　　月　　日  　　　船 橋 市 長　　あて  申請者（※本人が１５歳未満の児童の場合は保護者の氏名等をご記入ください）   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 居住地 | 船橋市 | | | | | | | | | | | | | | ふりがな |  | | | | | | | | | | | | | | 氏名 | 男・女 | | | | | | | | | | | | | | 生年月日 | 大正・昭和・平成・令和 | | | | | 年　　　　月　　　　日 生 | | | | | | | | | 電話番号 | －　　　　　　　　－ | | | | | | | | | | | | | | 個人番号  (マイナンバー) |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 【本人が１５歳未満の児童】　※上記の申請者が保護者として手帳に記載されます   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | ふりがな |  | | | | | | | | | | | | | | | 児童の氏名 | 男・女 | | | | | | | | | | | | | | | 生年月日 | 平成・令和　　年　　月　　日 生 | | | | | | | 申請者との続柄 | | | |  | | | | 個人番号  (マイナンバー) |  |  |  |  |  |  |  | |  |  |  | |  |  |   ※身体障害のある１５歳未満の児童については、手帳の交付は保護者が代わって申請することになっている。その場合には、児童の氏名及び生年月日を記入すること。 |   次の理由により身体障害者手帳の再交付を受けたいので、関係書類を添えて申請します。   1. 理由（該当するものに○を付け、再交付される手帳の受け取り方法をご確認ください）  |  |  | | --- | --- | | 理由 | 手帳の受け取り方法  窓口での受け取り、又は、上記以外の住所への郵送を希望される場合はお申し付けください | | ・紛失 | **上記住所へ郵送します**  ※障害福祉課窓口での受取、又は上記以外の住所への郵送を希望される場合は、お申し付け下さい | | ・破損 | | ・写真貼り替え | | ・記載事項訂正（　　　　　） | | ・再認定 | | ・障害程度の変更 | | ・障害部位の追加 | | ・その他（　　　　　　　　） |   ２．旧手帳記載内容   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 手帳番号 | 県・市・船橋市　第　　　　号 | 交　付  年月日 | 年　　月　 日 | | | 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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