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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| 身体障害者手帳交付申請書  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 | | | 年　　　　　月　　　　　日 生 | | | | | | | | | | | 平成・令和 | | | | 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。 |   身体障害者福祉法第１５条の規定により身体障害者手帳の交付を受けたいので、関係書類を添えて申請いたします。  ［必要な書類］・診断書（指定様式のもの）　・写真２枚（たて４ｃｍ、よこ３ｃｍ） |

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