様式第27号(第20条関係)

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|  | | | | | | | | | | | | | | 後期高齢者医療葬祭費支給申請書 | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| 受付日　　　　　　　　　　　　　年　　月　　日  　決定日　　　　　　　　　　　　　年　　月　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 保険者番号 | | |  | |  | |  | | |  | |  | | |  | |  | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | 被保険者番号 | | | | | | | | | | | | | | |  | | | | |  | | | |  | | |  | | | |  | | | | |  | | | | | |  | | | | |  | | |  | | | |
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|  | | | | | 支給金額 | | | | | | | | | | | | | | |  | | | | | ￥ | | | | 3 | | | 0 | | | | 0 | | | | | 0 | | | | | | 0 | | | | | ― | | |  | | | |
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|  | 死亡者の氏名 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 死亡者の生年月日 | | | | | | | 年　　　　月　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 死亡年月日 | | | | | | | 年　　　　月　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 死亡の場所 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 死亡の原因 | | | | | | | 1：第三者行為(交通事故等)　　　　　2：その他(自損事故・疾病等) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| その他 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 葬祭執行者 | | 葬祭日 | | | | | 年　　　　月　　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 連絡先 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 該当するものに○をつけてください。該当するものが無い場合は()内に記載してください。網掛けの中は記載不要です｡ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 振込先 | 銀行  信用金庫  信用組合  協同組合 | | | | | | | | | | | | | | | | | | | | | | | | | 本店(所)  支店(所) | | | | | | | | | | | | | | | | | | | | | | | | 預金種別 | | | 普通  当座  (　　　) | | | |  |
| 金融機関コード | | | | | | | |  | |  | |  | | |  | |  | |  | | |  | |
| 口座番号等  左詰記載して下さい | | | | | |  | |  |  | |  | | |  | |  | |  | | |  | |  | |  | |  | |  |  | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| 口座名義人  (カタカナ) | | | | | |  | |  |  | |  | | |  | |  | |  | | |  | |  | |  | |  | |  |  | |  |  | | |  | | |  | | |  | |  | | |  | |  | | |  |  |  |  |  |
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| 口座名義人はカタカナで上段より左詰で記入してください。濁点・半濁点は1字として、姓と名の間は1字あけてください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 上記のとおり、申請します。  　　　　　　年　　　月　　　日  (あて先)　福岡県後期高齢者医療広域連合　広域連合長  　　　　　　　　　　申請者　　　　　住所  　　　　　　　　　　　　　　　　　　氏名  　　　　　　　　　　　　　　　　　　死亡者との続柄  　　　　　　　　　　　　　　　　　　連絡先電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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