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| 介護保険住所地特例　適用・変更・終了届  　富良野市長　　　　　様  　次のとおり住所地特例（適用・変更・終了）について届け出ます。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | |  | | | | | | | | | | | | 届出年月日 | | | | 年　　月　　日 | | | | | | | | | | |  |
|  | 届出人氏名 | | | |  | | | | | | | | | | | | 本人との関係 | | | |  | | | | | | | | | | |  |
|  | 届出人住所 | | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 被保険者 | 被保険者番号 | | | | 0 | 0 | 0 | 0 |  |  |  |  |  | |  | 個人番号 | |  |  |  |  | |  |  |  |  |  |  |  |  |  |
|  | フリガナ | | | |  | | | | | | | | | | | 生年月日 | | 明･大･昭　　年　　月　　日 | | | | | | | | | | | | |  |
|  | 氏名 | | | |  | | | | | | | | | | |  |
|  | 性別 | | 男　・　女 | | | | | | | | | | | | |  |
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|  | 世帯主 | 氏名 | |  | | | | | | | | | | | 世帯主  との続柄 | | | 生年月日 | | | | | 明･大･昭  　年　　月　　日 | | | | | | | | |  |
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|  |  | | | 性別 | | | | | 男　・　女 | | | | | | | | |  |
| ※被保険者本人が世帯主の場合は記載不要です。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 異動前情報 | 従前の住所 | | | | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | ＊異動前住所が施設の場合、以下も記入のこと | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 施　設 | 名称 | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | 異動後情報 | 現住所 | | | | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | ＊異動後居住地が施設の場合、以下も記入のこと | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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