第６号様式（第６条関係）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 身体障害者 変 更 届  年　　月　　日  高知県知事　様  申請者氏名  私は、次のとおり　　を変更しました。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 福祉事務所又は町村等記載欄※１ | | | | | | | | | | | | | | | | | | | | |
| 申請理由 | | | | | | |  | | | | | | | | | | | | | |
| 発行者 | | | | | | 手帳番号 | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | |
| 町村コード | | | | | | | | | ケース番号 | | | | | | | | | | | |
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|  | | |  | | | | | |  | |  | |  | | |  | |  | | |
| 住所変更…………６  氏名変更…………７ | | | | | | | | | | | | | | | | | | | | |
| １　申請者氏名・居住地等（楷書ではっきり書いてください。） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 県外からの転入…８ | | | | | | | | | | | | | | | | |
| フリガナ |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 年　　月　　日生 | | | | | | | | | | | | | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 個人番号 |  |  | | |  | |  | |  | |  | |  | | |  | | | |  | |  | | | |  | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 居住地  （新住所） | ※ | | 市  　　　　　　　　　　　町  　　　　　　　　　　　村 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 住所コード |  | | |  | | － | |  | |  | |  | | |  | | | | － | |  | | | |  |  | | | |  | |  |  | |  |  | | |  | |  | | |  | |  | |  |  | |  | |  | | |
| 電話番号 | －　　　　　－ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| ２　保護者氏名・続柄（申請者が15歳未満の場合）　　　　　　　　　　※ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 父……１　兄……５  母……２　姉……６  祖父…３　そ の 他  祖母…４　コード表参照 | | | | | | | | | | | | |
| 氏名 |  | | | | | | | | | | | | | | | | | 続柄 | | | | | |  | | | | | | | | | | | | | | | |  | | | |
| ３　手帳交付番号等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 手帳番号 | | | | 手帳交付年月日 | | | | | | | | | | | | | | | 種別 | | | | | | 等級 | | | | | 障害名 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※（　　　　　）  発行者  第　　　　号 | | | | 年　　月　　日 | | | | | | | | | | | | | | |  | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ４　旧居住地・氏名等 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 旧居住地 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 旧氏名 | | | | | | | | | | | 変更年月日 | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | 年　月　日 | | | | | | | | | |
| 年　　月　　日　身体障害者手帳記載済み  年　　月　　日　身体障害者指導記録票送付済み  福祉事務所長又は町村長 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身体障害者更生指導記録票の送付先福祉事務所名又は町村名及び所在地（転入先の福祉事務所又は町村が記載する。） | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

備考　１　「個人番号」欄は、申請理由が県外からの転入である場合のみ記載してください。

２　※印欄は、記載しないでください。