|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 後期高齢者医療  **記　載　例**  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 | ３ | ９ | ２ | ２ | ３ | ２ | ５ | ０ |  |  |  | | --- | --- | | 被保険者番号 | **0 1 2 3 4 5 6 7（８ケタ）** |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 支給金額 |  | **￥** | **５** | **０** | **０** | **０** | **０** | **－** |  |  |  |  | | --- | --- | --- | | 死亡者の氏名 | | **函　南　　　太　郎** | | 死亡者の生年月日 | | 明治・大正・昭和　　　 **1**年　　　**1**月　　　**1**日 | | 死亡年月日 | | **22**年　　　**1**月　　　**1**日 | | 死亡の場所 | | **死亡診断書等を確認のうえ、ご記入ください。** | | 死亡の原因 | |  | | その他 | |  | | 葬祭執行者 | 葬祭日 | **○**年　　**○**月　　**○**日**（告別式の日）** | | 住所 |  | | 氏名 | **葬祭費をお支払された方の住所・氏名・電話番号** | | 電話番号 | **（下記の振込先・申請者欄にも同一人物をお書きください。）** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 振込先 | 銀行  信用金庫  **函　　　　南**  信用組合  農協  （　　　　　　　） | | | | | | | | | 本店  **役　　　場**  支店・支所 | | | | | | | | | | | | | | | 預金種別 | | 普通  当座 | | | |  | |  | | |  | |  | |  | |  | |  | | | 口座番号 | | **○** | **○** | **○** | **○** | **○** | **○** | **○** |  | | | | | | | | | | | | | | | | | | | | | | 口座名義人  （カタカナ） | | **シ** | **ス** | **¨** | **オ** | **カ** |  | **ハ** | **ナ** | | **コ** | |  |  | |  | |  | |  | |  | |  | |  | |  |  | |  |  |  |  |  |  |  |  | |  | |  |  | |  | |  | |  | |  | |  | |  | |  |  |  |  | | --- | | 上記のとおりに申請します。  　　　　　　　年　　　月　　　日  静岡県後期高齢者医療広域連合長  　　　　　　　　　申請者　　　　　　住　　　所　　**静岡県田方郡函南町平井717-13**  　　　　　　　　　　　　　　　　　　　　　氏　　　名　　**静岡　花子**   * **簡易な修正を行政側で行えるよう、可能であれば捨て印をいただきたい。**   死亡者との続柄　　**子**  電話番号　　（　**055**　　）　**979－8111** | |