様式第2号

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| 介護保険住所地特例　適用・変更・終了届書  　　市 川 市 長  　　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。  　　　 　　　※上記(適用・変更・終了)より該当するものに丸をつける  住宅→施設：適用　施設→施設：変更　施設→在宅：終了 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 届出人氏名 | | | | | |  | | | | | | | | | | | | | | 本人との関係 | | | | |  | | | | | | | | | |
| 届出人住所 | | | | | | 〒  電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※届出者が被保険者本人の場合、届出者住所・電話番号は記載不要 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | 被保険者 | 被保険者番号 | | | |  | |  |  |  |  | |  | |  |  |  |  |  | 個人番号 | |  | |  |  | |  |  |  |  |  |  |  |  |  |  |
| フリガナ | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| 氏名 | | | |  | | | | | | | | | | | | | | 生年月日 | | | 明・大・昭  年　 月　 日生 | | | | | | | | | | | | |
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|  | 世帯主 | 氏名 | | |  | | | | | | | | | 世帯主との続柄 | | | | | |  | | | | | | | | | | | | | | | |  |
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|  | 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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