様式第3号(第19条)

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| 国民健康保険葬祭費支給申請書 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 記号番号 | | | | 栄 | |  | |  | |  | |  | |  | |  | | 申請額 | | | | | ５０，０００円 | | |
| 死亡年月日 | | | | 年　　月　　日 | | | | | | | | | | | | | | 葬儀執行年月日 | | | | | 年　　月　　日 | | |
| 死亡者住所 | | | | 栄町 | | | | | | | | | | | | | | | | | | | | | |
| 死亡者氏名 | | | |  | | | | | | | | | | | | | | | | | | | 申請人との続柄 | |  |
|  | 個人番号 | | |  |  | |  | |  | |  | |  |  |  | |  | |  | |  |  | 性別 | | 男・女 |
| 死亡の原因 | | | |  | | | | | | | | | | | | | | | | | | | | | |
| 死亡証明欄 | | | | 年　　月　　日　死亡届受付済 | | | | | | | | | | | | | | | | | | | | | |
| 上記のとおり栄町国民健康保険条例第7条による葬祭費を申請します。  　　　令和　　　　年　　　月　　　日 | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | 住所 | | | |  | | | | | | | | |
| 申請人 | | | | | | | | | | | | | 氏名 | | | |  | | | | | | | | |
| 電話番号 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 栄町長　　　　様 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 決裁 | |  | | | | | | | | | | | | | | | | | | | | | | | |
| 振込先 | | | | | | | | | | | | | | | | | 処理欄 | | | | | | | | |
| 銀行名 | | |  | | | | | | | | | | |  | | | | | | ／ | | | | 処理 |  |
| 支店名 | | |  | | | | | | | | | | | ／ | | | | 支出 |
| 種別 | | | 普通　・　当座 | | | | | | | | | | |  | | | | | | | | | | | |
| 口座番号 | | |  | | | | | | | | | | |
| フリガナ | | |  | | | | | | | | | | |
| 名義人 | | |  | | | | | | | | | | |
| 電話番号 | | | ―　　　　― | | | | | | | | | | |