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| 様式第１２号（第２条関係） | | | | | | | |  | | |  | | | | | | |  | | |  | |  |  | 福祉事務所　　　　　受理年月日 | | |
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|  | 保　　護　　変　　更　　申　　請　　書 | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | （　出 産 扶 助 費　） | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | 沖縄市福祉事務所長　　 様 | | | | | | | | | | | | | | | | 年　　　　月　　　　日 | | | | | | | | | |
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|  |  |  | | | |  | |  | | | 世帯主　　住所 | | | | | | | | | | |  | | | |  | |
|  |  |  | | | |  | |  | | | 氏名 | | | | | | | | | | |  | | | |  | |
|  | 下記のとおり、生活保護法による保護の変更を申請します。 | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | 記 | | | | | | | | | | | | | | | | | | | | | |  | | | | |
|  | 産　　婦 | 氏　　　名 | |  | | | 世帯主との続柄 | | | | |  | | | | | | | | 年齢 | | | | | 歳 | |  |
|  | 出産年月日 | |  | | | 早産 ・ 死産の別 | | | | | 早　産　　 ・　　 死　産 | | | | | | | | | | | | | | |  |
|  | 出産場所 | |  | | | | | | | | | | | | | | | | | | | | | | |  |
|  | ＊入院期間　〔　　　　　　　　　　　　～　　　　　　　　　　　　〕 | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 出産状況 | | 正　常　　　・　　　異　常　〔　　　　　　　　　　　　　　　　　　　　　　　　　　〕 | | | | | | | | | | | | | | | | | | | | | | |  |
|  | 出産児氏名 | | |  | | | | 性別〔 男・女 〕 | | | | 健康状態 | | | | | | | |  | | | | | | |  |
|  | 出産に要した費用 | 分べん料 | | 円 | | | | もく浴料 | | | | 円 | | | | | | | | | | | | | | |  |
|  | 衛　生　材　料 | 品　　　　名 | | 単　価 | | | 数　量 | | | | 金　額 | | | | | | | | 備　考 | | | | | | |  |
|  |  | | 円 | | |  | | | | 円 | | | | | | | |  | | | | | | |  |
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|  | 証　明　者 | 上記のとおり証明します。 | | | | | |  |  |  | |  |  | |  | |  | |  | | | | | | | |  |
|  |  |  | | | | |  |  | 年 　　　　月 　　　　日 | | | | | | | | |  | | | | | | | |  |
|  |  | 医　師 | | | | | | | 住所 | |  | |  | |  | |  | |  | | | | | | |  |
|  |  | （助産婦） | | | | | | | 氏名 | |  | |  | |  | |  | |  | | | | | | |  |
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