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| 様式第１６号（第２条関係） | | | | | |  | | |  |  |  |  |  |  | | 福祉事務所　　　　　　受理年月日 | | | | |
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|  | 葬　　祭　　扶　　助　　申　　請　　書 | | | | | | | | | | | | | | | | | | |  |
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|  | 下記のとおりであるから、生活保護法による葬祭扶助をうけたいので、証ひょう書類を添えて申請します。 | | | | | | | | | | | | | | | | | | |  |
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|  | 沖縄市福祉事務所長　　　様 | | | | | | | |  | 年　　　　月　　　　日 | | | | | | | | | |  |
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|  |  | | |  | | 申請者 | | | |  | 住所 | | | |  | |  |  |  |  |
|  |  | | |  | |  | | |  |  | 氏名 | | | |  | |  |  |  |  |
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|  | 記 | | | | | | | | | | | | | | | | | | |  |
|  | 死亡者 | 氏　名 |  | | | | 葬祭を行う者との関係 | | | | | | | | | |  | | |  |
|  | 死亡年月日 | 年　　月　　日 | | | | 死亡時の住所　　　又は居所 | | |  | | | | | | | | | |  |
|  | 葬祭予定日 | | 年　　月　　日 | | | |  | | | | | | | | | | | | |  |
|  | 葬　祭　費 | | 遺 留 金 品 | | 差引不足額 | | | その他（援助される額等） | | | | | | | | | | | |  |
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|  | 備　考 | | | | | | | | | | | | | | | | | | |  |
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|  | 証ひょう添付書類 | | |  | |  | | |  |  |  |  |  |  | |  | | | |  |
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