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| |  |  |  |  | | --- | --- | --- | --- | |  | | 申請年月日 | 令和　　年　　月　　日 | | 申請者氏名 |  | 本人との関係 |  | | 申請者住所 | 〒  　　　　　　　　　　　　　　　電話番号 | | |   **介護保険料納付証明申請書**  　沖縄県介護保険広域連合長　　様  　次のとおり、令和　　年中介護保険料納付証明書を申請します。  ※申請者が被保険者本人の場合、申請者住所・電話番号は記載不要   |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 被保険者 | 被保険者番号 |  |  |  |  |  |  |  |  |  |  |  | | | フリガナ |  | | | | | | | | | | 生年月日 | 明・大・昭　　年　　月　　日 | | 氏　　名 |  | | | | | | | | | | 性　　別 | 男　　・　　女 | | 住　　所 | 〒  　　　　　　　　　　　　電話番号 | | | | | | | | | | | |  |  |  | | --- | --- | | 申請理由 |  |  * 市町村発行　　**□** 広域発行 |