別紙

世帯調書兼同意書

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| --- | --- | --- | --- | --- | --- | --- |
| 受給者氏名 | |  | | | | |
| 受給者の属する世帯構成 | 世帯構成員名 | | 続柄 | 性別 | 生年月日 | 所得金額 |
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| 同意書  医療費受給者証交付（更新）申請に係る事務手続を処理するために限り、下記について同意します。  １　一戸町が保有する住民登録情報及び町民税課税状況の調査  ２　当該年度の地方税関係情報の取得  　　　年　　　月　　　日  　　　　　　　　　　　　　　氏名（自署）   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |   　　　　　　　　　　　　　　個人番号  氏名（自署）   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |   個人番号  氏名（自署）   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |   個人番号  氏名（自署）   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |   個人番号  氏名（自署）   |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |   個人番号  一戸町長　　　　　　様 | | | | | | |

注　１　同意する者が自ら署名を行なうこと。

２　代理人が同意書に署名する場合は、本人からの委任状をとること。