**様式第１号（第12条関係）**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **出産育児一時金支給申請書** | | | | | | | | | | | | | | | | | | |
| **被保険者**  **記号・番号** |  | | | | | | | | | | | **支給番号** | | | **※** | | | |
| **出産した被保険者** | **氏名** | |  | | | | | | | | | | | | | | | |
| **個人番号** | |  |  | |  |  | |  |  |  | |  |  | |  |  |  |
| **世帯主との続柄** | |  | | | | | | | | | | | | | | | |
| **出産年月日** | | **年 　　　月 　　 日** | | | | | | | | | | | | | | | |
| **出産の種類** | | **１．正常　　２．流産・死産（妊娠　　　週）** | | | | | | | | | | | | | | | |
| **出生児の氏名** | |  | | | | | | | | | | | | | | | | |
| **受領方法** | **口座払** | **金融機関名** | | |  | | | | | | | | | | | | | |
| **口座の種類** | | | **普通　・　当座** | | | | | | | | | | | | | |
| **口座番号** | | |  | | | | | | | | | | | | | |
| **口座名義人** | | | **フリガナ** | | |  | | | | | | | | | | |
| **氏名** | | |  | | | | | | | | | | |
| **窓口払** |  | | | | | | | | | | | | | | | | |
| **金　　　　　　　　円也**  **上記のとおり出産育児一時金の支給を申請します。**  **年　　月　　日**  **申請者（世帯主）住所**  **氏名**  **電話　　　　　　　－　　　　－**  **個人番号**  **大船渡市長　様** | | | | | | | | | | | | | | | | | | |
| **【委任欄】口座名義人が世帯主でない場合は、次の委任欄に記入してください。** | | | | | | | | | | | | | | | | | | |
| **上記出産育児一時金の受領に関する権限を委任します。**  **委任者（世帯主）　　　　　　　　　受任者（口座名義人）**  **氏　名　　　　　　　　　　　　　　住所**  **氏名**  **電話** | | | | | | | | | | | | | | | | | | |