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| **介護保険（要介護認定・要支援認定）申請取下げ申請書**  東吾妻町長　様  次のとおり標記申請を取下げます。 | | | | | | | | | | | | | |
|  | 被保険者番号 |  |  | |  |  |  |  |  |  |  |  |  |
| ふりがな |  | | | | | | | | | | |
| 被保険者氏名 |  | | | | | | | | | | |
| 住　　　　所 |  | | | | | | | | | | |
| 取下げ年月日 |  | | | | | | | | | | |
| 取下げ理由 |  | | | | | | | | | | |
|  | | | | 本人氏名 | | | | | | | | |  |
| （代理者氏名） | | | | | | | | |  |
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