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|  |  |  |  |  | 慶弔見舞金支給申請書 | | | | | | | | | | |  |  |  |  |  |
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| 社内規定にもとづき、下記の通り申請いたします。 | | | | | | | | | | | | | | | |  |  |  |  |  |
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| 事由 | | | 内　　　容 | | | | | | | | | | | | | | 備　考 | | | |
| 結婚 | | | 配偶者氏名 | | |  | | | | | | | | | | |  | | | |
| （本人） | | | 入籍日 | | |  | | 年 |  | 月 |  | 日 |  |  |  |  |
| □ | | | 挙式日 | | |  | | 年 |  | 月 |  | 日 |  |  | 時より | |
| 挙式場所 | | |  | | | | | | | | | | |
| 改姓名 | | |  | | | | | | | | | | |
| 結婚 | | | 子女氏名 | | |  | | | | | | | | | | |  | | | |
| （本人の子女） | | | 挙式日 | | |  | | 年 |  | 月 |  | 日 |  |  | 時より | |
| □ | | | 挙式場所 | | |  | | | | | | | | | | |
| 出産 | | | 出生者氏名 | | |  | | | | | | | | | | |  | | | |
| (本人・配偶者） | | | 出産年月日 | | |  | | 年 |  | 月 |  | 日 |  |  |  |  |
| □ | | | 続柄 | | |  | | | | | | | | | | |
| 傷病 | | | 病名 | | |  | | | | | | | | | | |  | | | |
| 入院療養期間 | | |  | | 年 |  | 月 |  | 日 | から |  |  |  |
| □ | | |  | | 年 |  | 月 |  | 日 | まで |  | 日間 | |
| 入院先名 | | |  | | | | | | | | | | |
| 家族死亡 | | | 死亡者氏名 | | |  | | | | | | | | | | |  | | | |
| 死亡年月日 | | |  | | 年 |  | 月 |  | 日 |  |  |  |  |
| □ | | | 続柄 | | | □父・母　（□実　□義）　　□配偶者・子（　　　　　） | | | | | | | | | | |
| □兄弟・姉妹・祖父母　（□実　□義） | | | | | | | |  |  |  |
| 通夜 | | |  | | 年 |  | 月 |  | 日 |  |  |  |  |  | | | |
| 斎場 | | |  | | | | | | | | | | |
| 災害 | | | 災害事由 | | | 火災・水害・その他　（　　　　　　　　　　　　　　　　　） | | | | | | | | | | |  | | | |
| □ | | | 災害の程度 | | | 全焼・半焼・流失・全壊・半壊・一部損害・床上浸水 | | | | | | | | | |  |
| その他 | | |  | | | | | | | | | | | | | |  | | | |
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