附件4：

东莞市新莞人计划生育特殊家庭扶助金申请表

**No.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申 请 人 基 本 情 况 | 姓名 |  | | | | | | | | | 性别 | | | | | | | | | □男 □女 | | | | | | | | | | | | 婚姻状况 | | | | | |  | | | | | | | |
| 身份证号码 |  |  |  |  | |  | |  | | |  | | |  | |  | | | | | |  | |  | | |  | | | | |  | |  | |  | | |  | |  | |  | |
| 户籍地地址 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现居住地址 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 配偶姓名 |  | | | | | | | | | 户口所在地 | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| 身份证号码 |  |  |  |  | |  | |  | | |  | | |  | |  | | | | | |  | |  | | |  | | | | |  | |  | |  | | |  | |  | |  | |
| 子女  情况 | 姓名 | | |  | | | | | | | | | | | | | | 出生日期 | | | | | | | | | | 年 月 日 | | | | | | | | | | | | | | | | |
| 健康状况 | | | □已死亡 □伤病残 残疾类别 残疾等级 级 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 身份证号码 | | |  |  | |  | |  | | | |  | |  | |  | | | |  | |  | | |  | | |  | | | |  |  |  | | |  | |  | |  | |  |
| 银行账号 |  | | | | | | | | | | | | | | | | | | 户名 | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 开户行 |  | | | | | | | | | | | | | | | | | | 联系电话 | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 本人于 年 月只（□生育 □收养）了一个子女，现该子女已（□死亡 □残疾）。根据《东莞市新莞人计划生育优待扶助暂行办法》，申请计划生育特殊家庭扶助金，请审批。  申请人（签名）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所在村（社区）计生办意见 | 经审查，申请人 符合《东莞市新莞人计划生育优待扶助暂行办法》的有关规定，且申请人提供的申请资料复印件与原件一致，同意呈镇（街）计生办审核。  经办人：  负责人：  （单位盖章）  年 月 日 | | | | | | | | | | | | 镇（街道）计生办意见 | | | | | | | | 经审核，同意向 发放计划生育特殊家庭扶助金 元。  经办人：  负责人：  （单位盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | |
| 备注 |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |