附件1

中华人民共和国残疾人证申请表

重庆市沙坪坝区 街道、镇

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 申  请  人  基  本  情  况 | 姓名 |  | | | | | | | | | 性别 | |  | | | 民族 | | | |  | | | 婚否 | |  | | | 贴照片处  （两寸近  期免冠白  底彩照） |
| 出生  年月 |  | | | | | 籍 贯 | | | |  | | | | | | | | | 文化  程度 | | |  | | | | |
| 身份  证号 |  |  |  |  |  | |  |  |  | |  | |  |  | |  | |  | |  |  | |  | |  |  |
| 户籍  地址 | \_\_\_\_\_\_\_\_\_\_\_\_\_村（社区）\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现住  地址 | 村（社区）\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 邮编 |  | | | | | | 联系  电话 | | |  | | | | | | | | | | | | | | | | | |
| 监护人 | 姓名 |  | | | | | | | | | 与申请人关系 | | | | | | |  | | | | | | | | | | |
| 联系  电话 |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请人或  监护人签名 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |

备注：智力、精神类残疾人证和未成年人残疾人证的申请 ，必须填写监护人姓名和联系电话。

受理人签名： 受理时间： 年 月 日