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| 市民後見人候補者登録書 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ※記載内容に虚偽があった場合は、登録を取り消す場合があります。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 社会奉仕活動経験 現在の役職や活動 (年数も記入） | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 健康状態 | | | 良　・　不良 | | | | 既往歴 | | | | | | | |  | | | | | | | | | | | | | | |
| 健康面で不安なこと等あればご記入ください | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |
| 趣味・特技 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 希望対象者 | | □　認知症高齢者　　　□　若年性認知症患者 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| □　知的障がい者　　　□　精神障がい者 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □　その他（　　　　　　　　　　　　　　　　　　　　　　　　　　） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □　男性　　　　　　□　女性　　　　　　□　どちらでも対応可 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 受任の意向 | | □　すぐに受任可能 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| □　今は難しいが、将来的に受任可能（　　　　　　　頃から受任可能） | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※意向に添えない場合があります。ご了承ください。 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家族構成 | | 氏名 | | | 続柄 | | | | 氏名 | | | | | | | | | | | 続柄 | | | | | | | | | |
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| 緊急連絡先 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 住所 | |  | | | | | | 連絡先 | | | | | | | | | |  | | | | | | | | | | | |
| その他 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ※ご記入いただいた個人情報は市民後見人養成事業のために利用し、他の用途に使用しません。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |