中华人民共和国残疾人证申请表

**湖南省郴州市永兴县 编号：**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **申请人基**  **本情况** | **姓名** | | **王军** | | | | **性别** | | | **1.男** | | | | | | **民族** | | | | **1.汉** | | | | | **彩色二寸**  **免冠近照** | | | | | |
| **2.女□** | | | | | | **2. □** | | | | |
| **婚否** | | **1.已婚 2.未婚□ 3.离婚□ 4.丧偶□ 5.其他□** | | | | | | | | | | | | | | | | | | | | | |
| **籍贯** | | **湖南 省 永兴 县** | | | | | | | | | **邮政编码** | | | | | | **4233××** | | | | | | |
| **文化程度** | | | **1.文盲□ 2.小学□ 3.初中 4.高中□ 5.大学□ 6. □** | | | | | | | | | | | | | | | | | | | | |
| **身份证号码** | | | **4** | **3** | **1** | | **0** | **2** | | **3** | | | **1** | **9** | | **8** | | **0** | | | **0** | **9** | **1** | | **3** | **5** | **7** | **2** | **4** |
| **家庭住址** | | | **×× 乡(镇) ×× 村(社区、居委会) ×× 组(街)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **联系电话** | | | **13107354569** | | | | | | | | | **户口类别** | | | | | | | | **1、农业 2、非农业□** | | | | | | | | | |
| **监护人姓名** | | | | **王××** | | | | | | | | | **与其关系** | | | | | | | | **1.配偶□ 2.父母□ 3.兄弟**  **4.子女□ 5.□** | | | | | | | | | |
| **监护人身份证号码** | | | | **4** | **3** | **1** | | **0** | **2** | | **3** | | | **1** | **9** | | **6** | | **0** | | | **1** | **2** | **1** | | **3** | **4** | **5** | **1** | **6** |
| **监护人**  **家庭住址** | | **×× 乡(镇) ×× 村(社区) ×× 组**  **×× (街)** | | | | | | | | | | | | | | | | | | | | | **监护人**  **联系电话** | | | | **13107354569** | | | |
| **残疾人工作信息** | **工作单位** | | | **××××××** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **职业工种** | | | **××××** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **单位性质** | | | **1.行政□ 2.全额事业□ 3.差额事业□**  **4.自收自支事业 5.私营企业□ 6. □** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **企业性质** | | | **1.福利企业□ 2.私营企业□ 3.个体 4.其他□** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **证件申请类型** | | | | **1.新申请 2.换领申请□ 3.补办申请□** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **申请办证时间** | | | | **2017 年 × 月 × 日** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **备注** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |