附表5

广东省再生育子女申请表

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 女方姓名 | |  | | | | 出生日期 | | | | |  | | | | 联系电话 | | | | | | |  | | | | | |
| 身份证号码 | |  |  |  |  | |  |  | |  | |  |  |  | | |  |  | |  |  | |  | |  |  |  |
| 户籍地地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现居住地地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 男方姓名 | |  | | | | 出生日期 | | | | |  | | | | 联系电话 | | | | | | |  | | | | | |
| 身份证号码 | |  |  |  |  | |  |  | |  | |  |  |  | | |  |  | |  |  | |  | |  |  |  |
| 户籍地地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 现居住地地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
| 目前婚姻状况 | | 女方：□初婚　□再婚，男方：□初婚　□再婚 | | | | | | | | | | | | | | | | | 结婚日期 | | | | |  | | | |
| 当前子女状况 | | 女方：□初婚生育 男 女，□再婚生育 男 女。男方：□初婚生育 男 女，□再婚生育 男 女。符合《广东省人口与计划生育条例》第 条第 款第 项，现申请再生育第（ ）个子女。 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 承 诺  本人保证以上情况及提供的相关材料属实。如有不实，所取得的审批自动失效，无条件退还申领到的各项奖励、待遇，并承担一切法律责任。  双方（签名并按手印）：  年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 信息核查情况 □属实 □无法核实 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 办理机构意见（盖章） 联系电话： | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 经办人 |  | | | | | | | | 审批时间 | | | | | | |  | | | | | | | | | | | |

编号：

注：本申请表一式两份：县（市、区）或市级卫生健康局、镇（街）卫生健康工作机构各存一份。