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| 北京市散居孤儿基本生活费发放花名册    填报单位（盖章） | | | | | | | | | | | |  | |
| **序号** | **姓名** | **性别** | **出生年月日** | **住址** | **致孤原因** | **儿童福利证编号** | **监护人姓名** | **监护人身份证号码** | **银行帐号** | **备注** |  | |
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| **负责人： 填报人： 填报时间：** | | | | | | | | | | | |  | |
| **注：致孤原因按父母无抚养能力原因填写** | | | | | | | | | | | |  | |