附件7

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| 免费殡仪服务补贴费用申报表 | | | | |
| （ 年 月） | | | | |
| 申报单位（盖章）： | | | | |
| 序号 | 逝者姓名 | 身份证号 | 户籍地 | 减免金额 |
| 1 |  |  |  |  |
| 2 |  |  |  |  |
| 3 |  |  |  |  |
| 4 |  |  |  |  |
| 5 |  |  |  |  |
| 6 |  |  |  |  |
| 7 |  |  |  |  |
| 8 |  |  |  |  |
| 9 |  |  |  |  |
| 10 |  |  |  |  |
| 11 |  |  |  |  |
| 12 |  |  |  |  |
| 合计 | | | |  |