附件2

渝中区养老机构入住老年人花名册（X月）

名称（盖章）： 填报时间： 年 月 日

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| 序号 | 姓名 | 性别 | 年龄 | 身份证号码 | 户籍地址 | 所属街道 | 入住时间 | 联系电话 | 备注 |
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经办人： 审核人： 负责人：