附件2

**上年度服务对象名册**

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| 单位盖章： | |  |  |  | 制表日期: | | |
| 序号 | 姓名 | 性别 | 残疾证号 | 户口所在地 | 监护人 | 联系电话 | 备注 |
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填表说明：如属无残疾证、非本市户籍等情况，请在备注栏注明。