工伤职工工亡待遇申请表

× 年 × 月

单位名称：×××

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| 姓名 | | | ×× | 身份证号码 | | | | 37×××××××××××××××× | | | | |
| 开户名 | | | 选填 | 开户银行名称 | | | | 选填 | | | | |
| 银行账号 | | | 选填 | | | | | | | | | |
| 工伤（亡）时间 | | | ×年×月×日 | 停工留薪期截止时间 | | ×年×月×日 | | | 一至四级工伤人员死亡时间 | | ×年×月×日 | |
| 序号 | 供养亲属姓名 | 性别 | 身份证  号码 | | 孤寡老人或孤儿 | 年龄 | 与工亡职工关系 | | 开户名 | 开户银行名称 | | 银行账号 |
| 甲 | 1 | 2 | 3 | | 4 | 5 | 6 | | 7 | 8 | | 9 |
|  |  |  |  | |  |  |  | |  |  | |  |
|  |  |  | （1-9栏有供养亲属的填写） | |  |  |  | |  |  | |  |
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|  |  |  |  | |  |  |  | |  |  | |  |
| 合计 | 人数 | 人 | | —— | | —— | | | —— | ———— | | |
| 金额 | —— | | —— | | —— | | | —— | —— | | |