附件1：

再生育申请审批表

**夫妻双方**

**近期1寸或2寸合影照片**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 申请人姓名 | | | | 出生  年月 | | 工作单位及户籍地地址 | | | | 居民  性质 | | 婚姻  状况 | | 结婚  年月 | | | 身份证号码 | | | | | 联系电话 | |
| 女 |  | | |  | | 单位： | | | |  | |  | |  | | |  | | | | |  | |
| 户籍地： | | | |
| 男 |  | | |  | | 单位： | | | |  | |  | |  | | | | |  | |
| 户籍地： | | | |
| 现居住地地址： | | | | | | | | | | | | | | | | | | | | | | | |
| **双方生育（收养）子女情况** | | | | | | | | | | | | | | | | | | | | | | | |
| 子女姓名 | | | | 性别 | 出生年月 | | 姓名 | | | | 身份证号码或  出生医学证明  或收养证号码 | | | | | | | | 其他情况 | | | | |
| 父亲 | 母亲 | | |
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| **女方父母及兄弟（姐妹）情况** | | | | | | | | | | | | | | | | | | | | | | | |
| 父母姓名 | | | | 身份证号码 | | | 户籍地址 | | | | 工作单位 | | | | | | | | 联系电话 | | | | |
| 父亲 | |  | |  | | |  | | | |  | | | | | | | |  | | | | |
| 母亲 | |  | |  | | |  | | | |  | | | | | | | |  | | | | |
| 兄弟（姐妹）  姓名 | | | | 身份证号码 | | | 与申请人关系（同父同母、同父异母、同母异父、收养） | | | | 户籍地址 | | | | 工作单位 | | | | | | 联系电话 | | |
| 兄弟 | |  | |  | | |  | | | |  | | | |  | | | | | |  | | |
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| 姐妹 | |  | |  | | |  | | | |  | | | |  | | | | | |  | | |
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| **男方父母及兄弟（姐妹）情况** | | | | | | | | | | | | | | | | | | | | | | | |
| 父母姓名 | | | | 身份证号码 | | | 户籍地址 | | | | 工作单位 | | | | | | | 联系电话 | | | | | |
| 父亲 | |  | |  | | |  | | | |  | | | | | | |  | | | | | |
| 母亲 | |  | |  | | |  | | | |  | | | | | | |  | | | | | |
| 兄弟（姐妹）  姓名 | | | | 身份证号码 | | | 与申请人关系（同父同母、同父异母、同母异父、收养） | | | | 户籍地址 | | | | | 工作单位 | | | | 联系电话 | | |
| 兄弟 | |  | |  | | |  | | | |  | | | | |  | | | |  | | | |
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| 姐妹 | |  | |  | | |  | | | |  | | | | |  | | | |  | | | |
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| 申  请  理  由 | | | ，  符合《江苏省人口与计划生育条例》第 条第 款的规定，特申请再生育一个孩子。 | | | | | | | | | | | | | | | | | | | | |
| 以上是我们夫妻双方意愿的真实表达。我们承诺所申请的理由和提供的材料真实，并愿意承担相应的法律责任。    申请人（签名） 、    年 月 日 | | | | | | | | | | | | | | | | | | | | | | | |
| 村（社区）核实意见 | | | 经办人： 负责人：  （盖章）  年 月 日 | | | | | | 乡镇人民政府、街道办事处意见 | | | | 经办人： 负责人：  （盖章）  年 月 日 | | | | | | | | | | | |
| 县行  级政  人部  口门  计意  生见 | | | 经办人： 负责人：  （盖章）  年 月 日 | | | | | | | | | | | | | | | | | | | | | |
| 备注 | | |  | | | | | | | | | | | | | | | | | | | | | |