**附件2：**

**60周岁以上农村籍退役士兵信息采集表**

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填表单位： 行政区划代码**：**

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| 01姓 名 |  | | | | | 02性别 | | | | □1男□2女 | | | | | | | 03民族 | | | | | | | | |  | | | | | | 照片 |
| 04身份证号码 |  |  |  |  | |  |  | |  | | |  | |  |  |  | |  | | | |  | |  | |  |  |  | |  | |
| 05出生日期 | 年 月 日 | | | | | | | | | | | | | 06退役证件号 | | | | | | | |  | | | | | | | | | |
| 07户口类别 | □1农村□2城镇 | | | | | | | 08户口簿上住址： 省 市 县（区） | | | | | | | | | | | | | | | | | | | | | | | | |
| 09实际居住地址： 省 市 县（区） | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10入伍时间 | 年 月 日 | | | | | | | | | | | | 11退役时间 | | | | | | | | 年 月 日 | | | | | | | | | | | |
| 12服义务兵役起止时间：自 年 月 日至 年 月 日 | | | | | | | | | | | | | | | | | | | | | | | | | 13所服义务兵役折算年限 年 | | | | | | | |
| 14服役部队名称（番号） | | | | |  | | | | | | | | | | | | | | 15服役部队代号 | | | | | | | | | | | |  | |
| 16健康状况： □1良好 □2一般 □3差 | | | | | | | | | | | | | | | | | | | 17生活状况：□1良好 □2一般 □3差 | | | | | | | | | | | | | |
| 18婚姻状况： □1未婚 □2已婚 □3离异□4丧偶 | | | | | | | | | | | | | | | | | | | | 19就业情况：□1在职 □2不在职 | | | | | | | | | | | | |
| 20家庭情况：家庭人口 人，其中，①18岁（含）以下 人 ②60岁（含）以上 人 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21医疗保障方式：□1新型农村合作医疗□2城镇居民基本医疗保险□3城镇职工基本医疗保险□4商业保险□5无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22养老保障方式：□1新型农村养老保险□2城镇居民养老保险□3城镇职工基本养老保险□4商业保险□5无 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23住房情况：①房屋性质□1自有□2承租□3寄住②房屋面积： ㎡，房屋间数： 间③是否危房□1是□2否 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24是否属于孤老：是□否□ | | | | | | | | | | | 25劳动能力：□1具备 □2部分丧失 □3完全丧失 | | | | | | | | | | | | | | | | | | | | | |
| 26是否具有其他优抚对象身份：是□否□ | | | | | | | | | | | 27如第26项选择“是”，请选填以下项目：□残疾军人□伤残公务员□伤残人民警察□伤残民兵民工□烈属□因公牺牲军人遗属□病故军人遗属□在乡老复员军人□带病回乡退伍军人□参战退役人员□参试退役人员 | | | | | | | | | | | | | | | | | | | | | |
| 28是否享受低保待遇:是□否□ | | | | | | 29是否享受五保待遇：是□否□ | | | | | | | | | | | | | | | | | 30联系电话 | | | | | |  | | | |
| 31身份认定依据：□1个人档案 □2退伍证件 □3已认定人员书面证明 □4其他 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

负责人： 填表人： 填表日期： 年 月 日