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|  | | 洛阳镇无证养老场所情况摸排表 | | | | | | |
|  | | 村 委（盖章）： 签 字（书记）： | | | | | | |
| 序号 | 场所地址 | | 负责人 | 身份证 | 联系电话 | 床位数 | 托养人数 | 备注 |
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洛阳镇无证养老场所入住老人情况统计表

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| 序号 | 老人姓名 | 户籍地址 | 家属姓名 | 联系方式 | 备注 |
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| 无证养老场所负责人： | | | 联系电话： | | |
| 村委签字（书记）： | | | 村委（盖章）： | | |
| 年 月 日 | | | | | |