附件7

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| 鄂尔多斯市二孩、三孩家庭个人补贴公示样表 | | | | | | | | |
| 本嘎查村(居)今年共有xx名人员符合二孩、三孩（ ）补贴登记申报条件，现将名单公示如下，公示时间7天，请予以监督。 | | | | | | | | |
| **序**  **号** | **姓 名** | **性**  **别** | **出生**  **年月** | **户口**  **性质** | **婚姻**  **状况** | **曾经生育**  **子女个数** | **现 存**  **子女个数** | **备注** |
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| 鄂尔多斯市免费举报电话:0477-8588516  XX旗(区)免费咨询、举报电话:  XX苏木乡镇咨询、举报电话:  XX嘎查村咨询、举报电话： | | | | | | | | |