（他市町村用）

令和  年  月  日

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|              |  | 知事選挙議会議員選挙長選挙議会議員選挙 |

令和５年執行

**代 理 投 票 報 告 書**

（あて先）     選挙管理委員会委員長

病院(施設)名

職・氏名

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| フリガナ選挙人氏名 | ※性別 | 代理投票の※事由 | 補助者の氏名 | 選挙の種別 |
|            |  |  | 補助者① |       |  |  |
|  |  |  | 補助者② |       |  |  |
|            |  |  | 補助者① |       |  |  |
|  |  |  | 補助者② |       |  |  |
|            |  |  | 補助者① |       |  |  |
|  |  |  | 補助者② |       |  |  |
|            |  |  | 補助者① |       |  |  |
|  |  |  | 補助者② |       |  |  |
|            |  |  | 補助者① |       |  |  |
|  |  |  | 補助者② |       |  |  |
|            |  |  | 補助者① |       |  |  |
|  |  |  | 補助者② |       |  |  |
|            |  |  | 補助者① |       |  |  |
|  |  |  | 補助者② |       |  |  |
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|  |  |  | 補助者② |       |  |  |
|            |  |  | 補助者① |       |  |  |
|  |  |  | 補助者② |       |  |  |

※ 性別、代理投票の事由、選挙の種別については該当する項目を選択してください。