ІК 05-13

Боратинському сільському голові

Яручику С.О.

Від кого (відомості про фізичну особу)

Прізвище

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Ім’я

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По батькові

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Соціальний стан (пільги, група інвалідності)

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Місце роботи, посада

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АДРЕСА :

Поштовий індекс

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Село (місто)

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Вулиця

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Номер будинку Номер квартири

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Номер телефону

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Електронна пошта (за наявності)

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ЗАЯВА

Прошу дозволити надати психіатричну допомогу, а саме:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(проведення психіатричного огляду, надання амбулаторної психіатричної допомоги,

госпіталізація до закладу з надання психіатричної допомоги)

дитині\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(вказати прізвище, ім'я, по батькові дитини, дата народження)

яка проживає разом з матір’ю (батьком) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(вказати прізвище, ім'я, по батькові)

за адресою: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

без згоди батька (матері)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(вказати прізвище, ім'я, по батькові, адреса проживання, контактний телефон)

у зв’язку з тим, що\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(вказати причину)

*Я ознайомлений(а) із нормами Закону України «Про захист персональних даних» та добровільно даю дозвіл на обробку своїх персональних даних.*

Копії документів додаються .

«\_\_\_\_\_» \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_ року \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(підпис)