ІК 05-17

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 надати висновок про доцільність побачення з дитиною (дітьми) **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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(прізвище, ім’я, по батькові дитини (дітей), дата народження)

яка (які) позбавлена(ні) батьківських прав рішенням \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

від \_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_ року.

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*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)