|  |
| --- |
| Vienkartinės pašalpos žuvusiųjų pasipriešinimo1940–1990 metų okupacijos dalyvių šeimomsskyrimo paslaugos teikimo aprašymo1 priedas |
| Forma patvirtintaKlaipėdos miesto savivaldybės administracijosdirektoriaus 2016 m. balandžio 29 d.įsakymu Nr. AD1-1310 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Vardas |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Pavardė |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Asmens kodas |  |  |  |  |  |  |  |  |  |  |  |  |
| Deklaruota gyvenamoji vieta | Tel. |
| Faktinė gyvenamoji vieta, jei ji nesutampa su deklaruota gyv. vieta | El. pašto adresas |
| Kontaktai informacijai gauti |  |

**Klaipėdos miesto savivaldybės administracijos**

**Socialinių reikalų departamento**

**Socialinės paramos skyriui**

# PRAŠYMAS

 **DĖL**

(trumpas pavadinimas)

20 m. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ d.

Klaipėda

Prašau \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(parašas) (Vardas ir pavardė)