|  |
| --- |
| Vienkartinės kompensacijos asmenims,  sužalotiems atliekant būtinąją karinę  tarnybą sovietinėje armijoje ir šioje  armijoje žuvusiųjų šeimoms skyrimo  paslaugos teikimo aprašymo  1 priedas |
| Forma patvirtinta  Klaipėdos miesto savivaldybės administracijos  direktoriaus 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)