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                        Ime (očevo ime) prezime

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                   Adresa

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

                                  Telefon

**CENTAR ZA SOCIJALNI RAD**

                                                                                ČITLUK

**PREDMET**: **Zahtjev za priznanje  prava na  naknadu  troškova pokopa korisnika stalne novčane pomoći**

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Uz zahtjev prilažem potrebnu dokumentaciju:

1. Smrtni list (original ili ovjerena kopija)
2. Račun pokopa (original)
3. Dokaz o ostvarivanju prava na stalnu socijalnu pomoć
4. Ovjerena kopija osobne/lične iskaznice korisnika prava
5. Ovjerena kopija osobne/lične iskaznice podnositelja zahtjeva
6. Ovjerena kopija  tekućeg računa podnositelja zahtjeva.

Čitluk, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                                                       Podnositelj zahtjeva:

                                                                                                         \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Broj osobne iskznice:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_