\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(vārds, uzvārds)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(personas kods)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(adrese korespondencei, pasta indekss)

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

(kontakttālrunis, e-pasts)

**DIENVIDKURZEMES NOVADA SOCIĀLAJAM DIENESTAM**

**IESNIEGUMS**

Lūdzu piešķirt apbedīšanas pabalstu sakarā ar\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_nāvi. (personas vārds, uzvārds, personas kods)

* Pielikumā miršanas apliecības kopija Nr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Piezīmes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Pabalstu lūdzu pārskaitīt uz Kredītiestādes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

kontu Nr.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**vai**

izmaksāt \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ kasē.

**Lēmumu vēlos saņemt:**

C:\Users\Lenovo\AppData\Local\Temp\FineReader12.00\media\image10.jpegC:\Users\Lenovo\AppData\Local\Temp\FineReader12.00\media\image8.jpegC:\Users\Lenovo\AppData\Local\Temp\FineReader12.00\media\image7.jpegpa pastu personīgi Sociālajā dienestā uz e-pastu (ar drošu elektronisko parakstu) \*

Esmu informēts/a par manu fizisko personas datu apstrādi, ko veic Dienvidkurzemes novada pašvaldība, ievērojot Vispārīgās datu aizsardzības regulas prasības un tam, ka dati tiks apstrādāti tādā apjomā, kādā tas nepieciešams iesniegumā pieprasītās informācijas izskatīšanai un atbildes sniegšanai. Apliecinu, ka sniedzu patiesu un faktiskajai situācijai atbilstošu informāciju. Savukārt, iesniedzot iesniegumu, kas saistīts ar trešo personu datiem, apliecinu, ka esmu tiesīgs lūgt šo trešo personu datu apstrādi.

20\_\_\_.gada\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Paraksts\*

**SAŅEMTS**

Dienvidkurzemes novada

Sociālais dienests

Datums: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indekss: 1.12/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_