**Saulkrastu novada Sociālajam dienestam**

......................................................................

vārds, uzvārds

......................................................................

personas kods

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deklarētās dzīvesvietas adrese

......................................................................

tālruņa Nr.

**iesniegums**

Lūdzu piešķirtvienreizēju materiālo palīdzību jaundzimušā bērna aprūpei………………......................................................................................................................................

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* Trūcīgas ģimenes statuss Izziņa Nr. \_\_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Maznodrošinātas ģimenes statuss Izziņa Nr. \_\_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pielikumā dokumenti:

...................................................................................................................................................................................................................................................................................................................................................**Lūdzu pabalstu ieskaitīt norādītajā bankas kontā:**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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**Piekrītu, ka par pieņemto pozitīvo lēmumu tikšu informēts mutiski.**

Datums......................................... Paraksts .....................................................................

Datums........................................ Iesniegumu pieņēma................................................

Sociālā dienesta lēmums...................................................................................................................................

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