**Ф-02/ІК-56/11/32**

**Міжвідомчій комісії з питань розгляду матеріалів про визнання учасниками бойових дій та виплати одноразової грошової допомоги в разі загибелі (смерті) або інвалідності волонтера і деяких інших категорій осіб відповідно до**[**Закону України**](https://zakon.rada.gov.ua/laws/show/3551-12)**"Про статус ветеранів війни, гарантії їх соціального захисту”**

 **Від кого** (відомості про фізичну особу)

 Прізвище

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Ім’я

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По батькові

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**Адреса**

Область

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Місто

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Вулиця

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Номер будинку, квартири

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Номер контактного телефону

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**З А Я В А**

Прошу Вашого дозволу на видачу мені нового посвідчення учасника бойових дій у зв’язку з втратою, непридатністю для користування, зміною персональних даних інше \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(потрібне підкреслити).*

*Відповідно до Закону України «Про захист персональних даних» надаю згоду на обробку моїх персональних даних виключно з метою видачі, продовження, заміни пільгового посвідчення.*

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Дата Підпис