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*(Ime, ime oca i prezime podnosioca zahtjeva)*

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*(Adresa prebivališta i broj telefona)*

**JU CENTAR ZA SOCIJALNI RAD**

**C A Z I N**

PREDMET: Zahtjev za ostvarivanje prava na porodičnu/ličnu invalidninu iza poginulog

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Podnosim zahtjev za ostvarivanje prava na porodičnu invalidninu iza poginulog \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ kao CŽR-a iz sljedećih razloga:

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(potpis podnosioca zahtjeva)