**WNIOSEK**

**PRZED WYPEŁNIENIEM PRZECZYTAJ KARTĘ INFORMACYJNĄ !**

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| **Symbol komórki odpowiedzialnej** |  | URZĄD MIEJSKI W SULEJOWIE | | | |  |  |  | **Symbol procedury** | | | | | |  |
|  |  | **URZĄD STANU CYWILNEGO** | | | |  |  |  | **USC.IX.25** | | | | | |  |
|  | **Ul. Konecka 42, 97-330 Sulejów tel. (44)61-02-507, usc@sulejow.pl** | | | |  |  |  |  |
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|  | **OŚWIADCZENIE O ZMIANIE NAZWISKA** | | | | |  |  |  |  |  |  |  |  |  |  |
| **PIERWSZEGO WSPÓLNEGO DZIECKA POCHODZĄCEGO Z MAŁŻEŃSTWA** | | | | | | | | | | | | | | |  |
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| **Proszę wypełnić DUŻYMI literami** | | Sulejów, |  |  |  |  |  | - |  |  |  | - |  |  |  |
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WNIOSKODAWCA - MATKA :

Imię i nazwisko

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Adres zamieszkania : Miejscowość

Ulica

Kod pocztowy

Nr domu Nr lokalu

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Dokument tożsamości: seria i numer | | | | | | | | | | | | | | | | | |  |  |  | wydany przez | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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| PESEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| WNIOSKODAWCA - OJCIEC : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | Adres zamieszkania : Miejscowość | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Kod | | | pocztowy | | | | | | | | | | | |  |
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|  | Ulica | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Nr domu | | | | | | | | |  |  | Nr lokalu | | | | | | | | | |  |
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|  | Dokument tożsamości: seria i numer | | | | | | | | | | | | | | | | |  |  |  | wydany przez | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| PESEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |

KIEROWNIK

URZĘDU STANU CYWILENGO

W SULEJOWIE

Prosimy o przyjęcie oświadczenia o zmianie nazwiska naszego pierwszego wspólnego dziecka

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| pochodzącego z małżeństwa zawartego dnia | | …..……………………………….. |
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