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|  |  |  | |  | |  | |  | |  | |  | | | **Príloha k žiadosti o príspevok na pohreb – podávaná cez e-slovensko.sk** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  |  |  | |  | |  | |  | |
|  |  |  | |  | |  | | **Vyplní pohrebná služba, ktorá poskytla služby spojené so zabezpečením pohrebu\*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  |  |  | |  | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |  | |  | |
|  | \* ak neboli využité služby pohrebnej služby (krematória) vyplní údaje obec, resp. správca cintorína (právnická osoba), kde sa pohreb vykonal. V prípade, ak sa pohreb konal v cudzine, oprávnená osoba preukazuje zabezpečenie pohrebu úradne preloženými dokladmi o zabezpečení pohrebu. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **Potvrdzujeme, že**  Meno a Priezvisko ...............................................................................................................................................  Dátum narodenia  ...............................................................................................................................................  Rodné číslo (identifikačné číslo)  ...............................................................................................................................................  Štátna príslušnosť  ..............................................................................................................................................  Adresa trvalého pobytu v SR  Adresa prechodného pobytu v SR (cudzinec)  Ulica ............................................................................................, číslo ..............................  PSČ ................................ Obec .........................................................................................  Tel. číslo ..............................................................................................................................  Adresa trvalého pobytu (bydliska) v členskom štáte EÚ  Ulica ......................................................................, číslo .....................................................  PSČ ................................ Obec ..........................................................................................  Štát ........................................................................................................................................  Tel. číslo ...............................................................................................................................  zabezpečil/a pohreb osobe uvedenej v žiadosti, ktorá zomrela dňa ....................................  a mala pohreb dňa ................................. miesto pohrebu ..................................................  Výdavky na zabezpečenie pohrebu v sume ......................................................................... | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | |  | |  | |  | |
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|  | Dátum | | | | | | | | | | | | |  | | |  | | | | | Zodpovedný pracovník | | | | | | | | | |  | | | | | | Pečiatka a podpis | | | | | | | | | | | | | | | | | | | |  | |