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(Ime i prezime podnositelja zahtjeva)

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(Adresa)

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(OIB)

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(Kontakt tel/mob)

U Svetom Ivanu Zelini,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2023.

ZELINSKE KOMUNALIJE D.O.O.

KATARINE KRIZMANIĆ 1

10380 SVETI IVAN ZELINA

PREDMET: ZAHTJEV ZA IZDAVANJE POTVRDE O GROBNOM MJESTU

Molim naslov da izda potvrdu o grobnom mjestu:

Groblje:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, polje \_\_\_\_\_\_\_ i broj grobnog mjesta \_\_\_\_\_\_\_\_\_

Ime i prezime korisnika grobnog mjesta:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OIB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Potvrda služi za:

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Potpis podnositelja zahtjeva