DUBROVAČKO-NERETVANSKA ŽUPANIJA

Upravni odjel za zdravstvo, obitelj i branitelje

DUBROVNIK

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(ime i prezime, te broj telefona službene osobe koja vodi postupak)*

# ZAHTJEV

**ZA PRIZNAVANJE STATUSA ČLANA OBITELJI SMRTNO STRADALOGA HRVATSKOG BRANITELJA IZ DOMOVINSKOG RATA I PRAVA NA OBITELJSKU INVALIDNINU**

**PODACI O SMRTNO STRADALOM HRVATSKOM BRANITELJU**:

IME I PREZIME, IME RODITELJA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MJESTO I DRŽAVA ROĐENJA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATUM ROĐENJA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATUM STRADAVANJA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MJESTO STRADAVANJA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRIPADNOST POSTROJBI U VRIJEME STRADAVANJA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OKOLNOSTI SMRTNOG STRADAVANJA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PODACI O PODNOSITELJU ZAHTJEVA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

IME I PREZIME, IME RODITELJA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MJESTO I DRŽAVA ROĐENJA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATUM ROĐENJA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADRESA PREBIVALIŠTA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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BROJ TELEFONA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BROJ MOBITELA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OIB:

SRODSTVO SA SMRTNO STRADALIM HRVATSKIM BRANITELJEM IZ DOMOVINSKOG RATA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PODACI O PODNOSITELJU ZAHTJEVA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

IME I PREZIME, IME RODITELJA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MJESTO I DRŽAVA ROĐENJA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATUM ROĐENJA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADRESA PREBIVALIŠTA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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BROJ TELEFONA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BROJ MOBITELA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OIB:

SRODSTVO SA SMRTNO STRADALIM HRVATSKIM BRANITELJEM IZ DOMOVINSKOG RATA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PODACI O PODNOSITELJU ZAHTJEVA:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

IME I PREZIME, IME RODITELJA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MJESTO I DRŽAVA ROĐENJA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATUM ROĐENJA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADRESA PREBIVALIŠTA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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BROJ TELEFONA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BROJ MOBITELA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OIB:

SRODSTVO SA SMRTNO STRADALIM HRVATSKIM BRANITELJEM IZ DOMOVINSKOG RATA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IZA SMRTI HRVATSKOG BRANITELJA TRAŽIM/O PRIZNAVANJE STATUSA ČLANA OBITELJI SMRTNO STRADALOGA HRVATSKOG BRANITELJA IZ DOMOVINSKOG RATA I PRAVO NA** *(zaokružiti broj)***:**

1. **OBITELJSKU INVALIDNINU**
2. **UVEĆANU OBITELJSKU INVALIDNINU**
3. **POVEĆANU OBITELJSKU INVALIDNINU**

## IZJAVA O SUGLASNOSTI

Upoznat-a sam da se sukladno Zakona o provedbi opće uredbe o zaštiti podataka (»Narodne novine« broj 42/18) i Općom uredbom o zaštiti podataka (EU 2016/679) moji osobni podaci kao podnositelja zahtjeva za priznavanje i podaci članova mojeg kućanstva prikupljaju isključivo za priznavanje gore navedenog prava te da se u druge svrhe neće koristiti. Dobrovoljno dajem svoje osobne podatke i podatke članova kućanstva te privolu u smislu prikupljanja i obrade istih u navedenu svrhu.

U \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, dana \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(potpis)*