Форма № 23

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| В отдел ЗАГСа | | | | |  | | | | | | | |
| от | |  | | | | | | | | | | |
|  | | *фамилия, имя, отчество* | | | | | | | | | | |
| проживающего(ей) по адресу | | | | | | | | |  | | | |
|  | | | | | | | | | | | | |
| документ, удостоверяющий личность | | | | | | | | | | |  | |
| серия | | |  | | | № | |  | | | |
| выдан | | |  | | | | | | | | | |
| “ |  | | ” |  | | |  |  | | г. | | |

**ЗАЯВЛЕНИЕ**

Прошу выдать повторное свидетельство о смерти \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*фамилия, имя, отчество*

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| Дата смерти “ |  | ” |  |  |  | г. |

Место смерти

Место государственной регистрации \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *наименование органа ЗАГСа*

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

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| Дата государственной регистрации | | | | | | | “ | | ” |  |  |  | г., а/з № |  |
| Документ необходим | | | |  | | | | | | | | | | |
| “ |  | ” |  | |  |  | | г. | | | | |  | |
|  |  |  |  | |  |  | |  | | | | | *подпись* | |