Начальнику отдела опеки и попечительства

УСЗН администрации г. Магнитогорска

Н.С. Юрченко

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фамилия

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имя

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отчество

зарегистрированного по адресу:

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проживающего:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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телефон:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Заявление

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подпись