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| В  | *Министерство внутренней политики, развития* |
| *местного самоуправления и юстиции Республики Марий Эл* |
| от |  |
|  | фамилия, имя, отчество |
|  |
| документ, удостоверяющий личность | паспорт |
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| серия |  | № |  |
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| “ |  | ” |  |  |  | г. |
| контактный телефон |  |
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| проживающего (ей) по адресу: |  |
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«\_\_\_\_\_\_\_\_\_\_\_\_\_\_»\* (дата назначения)ЗАЯВЛЕНИЕ №\_\_\*

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| Прошу оказать государственную услугу по проставлению апостиля на следующих официальных документах, подлежащих предъявлению в \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *наименование государства* |
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| № | Вид АГС | Серия, номер документа | Дата выдачи документа  | Наименование отдела ЗАГС, выдавшего документ | Ф.И.О. лица, на кого выписан документ | Номер и дата регистрации записи акта |
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| “ |  | ” |  |  |  |  г. |  |
|  |  |  |  |  |  |  | подпись |

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\*Заполняется сотрудником отдела ЗАГС