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| |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | В | *Министерство внутренней политики, развития* | | | | | | | | | | | | *местного самоуправления и юстиции Республики Марий Эл* | | | | | | | | | | | | | от |  | | | | | | | | | | | |  | фамилия, имя, отчество | | | | | | | | | | | |  | | | | | | | | | | | | | документ, удостоверяющий личность | | | | | | | | | | паспорт | | |  | | | | | | | | | | | | | серия | |  | | | № |  | | | | | | | выдан | |  | | | | | | | | | | |  | | | | | | | | | | | | | “ |  | | ” |  | | | |  |  | | г. | | контактный телефон | | | | | |  | | | | | | |  | | | | | | | | | | | | | проживающего (ей) по адресу: | | | | | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |   «\_\_\_\_\_\_\_\_\_\_\_\_\_\_»\*  (дата назначения)  ЗАЯВЛЕНИЕ №\_\_\*   |  |  |  | | --- | --- | --- | | Прошу оказать государственную услугу по проставлению апостиля на следующих официальных документах, подлежащих предъявлению в \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *наименование государства* | | | |  | |  | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | № | 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 | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | “ |  | ” |  |  |  | г. |  | |  |  |  |  |  |  |  | подпись | |

\*Заполняется сотрудником отдела ЗАГС