

\_\_\_\_\_  
(ime i prezime roditelja podnositelja zahtjeva)

\_\_\_\_\_  
(adresa)

OIB: 

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\_\_\_\_\_  
(kontakt telefon)

**BJELOVARSKO-BILOGORSKA ŽUPANIJA**  
**UO za zdravstvo, socijalnu zaštitu i umirovljenike**

**ZAHTEJ ZA OSTVARIVANJE PRAVA NA NAKNADU ZA NOVOROĐENO DIJETE U  
OBITELJI**

Molim da mi se prizna pravo na pomoć za opremu novorođenog djeteta u obitelji za dijete:

\_\_\_\_\_, rođ. \_\_\_\_\_  
(ime i prezime)

OIB: 

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Osim navedenog djeteta u zajedničkom kućanstvu **živim s ostalom mojom malodobnom djecom (do 18. godina)** i to:

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U \_\_\_\_\_ 2016. godine

\_\_\_\_\_  
(potpis roditelja podnositelja zahtjeva)

**POPIS DOKUMENATA POTREBNIH ZA OSTVARIVANJE PRAVA NA POMOĆ ZA OPREMU NOVOROĐENOG DJETETA, KOJE JE POTREBNO PRILOŽITI UZ ZAHTJEV:**

- a) dokaz o državljanstvu (preslika osobne iskaznice ili domovnice RH)** – za roditelja podnositelja zahtjeva;
- b) uvjerenja o prebivalištu** – za oba roditelja/posvojitelja (ne starije od 6 mjeseci);
- c) rodni list** (preslika) – za svu djecu do 18. godina starosti;
- d) preslika kartice tekućeg računa ili žiro-računa (IBAN računa) podnositelja zahtjeva.**

**Napomena:**

**Zahtjevi se predaju poštom ili osobno** na adresu:

1. Bjelovarsko-bilogorske županije, Stručne službe za poslove županijske skupštine i opće poslove, Dr. A. Starčevića 8, 43000 Bjelovar;
  2. Grada Čazme, Milana Novačića 13, 43240 Čazma;
  3. Grada Daruvara, Trg kralja Tomislava 14, 43500 Daruvar;
  4. Grada Garešnice, V. Nazora 22, 43280 Garešnica;
  5. Grada Grubišnog Polja, Trg bana Josipa Jelačića 1, 43290 Grubišno Polje
- Sve dodatne informacije možete dobiti na tel. 043/221-933.