

PROŠNJA ZA PRIDOBITEV IZPISKA O SMRTI
(REQUEST FOR CERTIFIED COPY OF DEATH CERTIFICATE)

Ime in priimek prosilca (Name and Surname of Applicant)

Naslov (Address)

Telefonska številka (Phone Number)

Prosim za izdajo potrdila o smrti
Request for certified copy of certificate of death
za (for)

Ime in priimek, razmerje do prosilca (Name and Surname, Relationship to the Applicant)

Navedite kraj in datum smrti (Place and Date of Death)

Namen potrdila (Reason for obtaining the certificate)

Datum (Date)

Podpis prosilca (Signature of the Applicant)