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|  | |  | | | | | |  | | | | |  | | | | | | |  | | | | | Kérjük, hogy a kérelemben szereplő adatokat nyomtatott nagybetűkkel töltse ki, és e sablonnak megfelelően adja meg a megfelelő információkat. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | |  | | | | | | | | |
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| **A.** | | | | | | ***Kérelmező által kitöltendő*** *(a temetést szervező, meghatalmazott személy adatai)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | |  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |
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|  | | Születési dátum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Születéskori személyazonosító szám (Azonosítószám) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | Állampolgárság | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | Állandó lakhely Szlovákiában 1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ideiglenes tartózkodási hely Szlovákiában 1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | |  | | | | | | | | |  | | | | | |
|  | | Utca | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Házszám | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | Utca | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Házszám | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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|  | | Irányítószám | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Település | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Telefonszám | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
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| **C.** | | ***A fizetés módja*** | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | Egy szlovákiai banknál vezetett számlára | | | Számlaszám | | |  | |  | |  | |  |  |  | |  |  |  |  | Bankkód |  |  |  |  |  |
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|  |  | | IBAN | | | |  | | | | | | | | | | | | | | | | | | |  |
|  | Számla hiányában a támogatást készpénzben fizetik ki a szlovákiai állandó lakhely/ideiglenes tartózkodási hely\* címén.  \*A nem kívánt rész törlendő. | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **D.** | | | | ***A kérelmező nyilatkozata*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |
|  | | Ezennel kijelentem, hogy minden adat megfelel a valóságnak, és tisztában vagyok a hamis adatok megadásának jogi következményeivel. Tudomásul veszem, hogy köteles vagyok visszafizetni a jogosulatlanul igénybe vett temetési támogatás összegét.  **Információk a kérelmezők számára**  A Munkaügyi, Szociális és Családügyi Hivatal – a 30794536 szám alatt bejegyzett szervezet – az Ön személyes adatait (beleértve az értékelésben együtt szereplő személyek személyes adatait is) a temetési támogatásról szóló, módosított 238/1998 sz. törvénynek megfelelően kezeli, és a fenti személyes adatokat továbbítja a hatóságok számára. Bármely bizonytalanság, probléma, illetve a személyes adatok védelmével kapcsolatos kérdés esetén a következő e-mail-címen érdeklődhet:  [**ochranaosobnychudajov@upsvr.gov.sk**](mailto:ochranaosobnychudajov@upsvr.gov.sk)**.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
|  | | Kelt: ... (hely) | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | napon | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | Kérelmező aláírása | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **E.** | | | | | | A temetést biztosító temetési szolgáltató által kitöltendő 2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | |  | |
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|  | | **Igazolom, hogy** | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | Utónév | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | Vezetéknév | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | Születési dátum | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | Születéskori személyazonosító szám (Azonosítószám) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Állampolgárság | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | Állandó lakhely Szlovákiában 1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Ideiglenes tartózkodási hely Szlovákiában 1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |
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|  | | Irányítószám | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | Település | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Telefonszám | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |  | |
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|  | | Állandó lakhely (állandó lakcím) valamely európai uniós országban | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |
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|  | | Irányítószám | | | | | | | | |  | | | | | | | | | | | | | | | | | | | Település | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Telefonszám | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | |
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|  | | gondoskodott a jelen kérelem B. részében megnevezett személy temetéséről, aki ... -án/-én hunyt el, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | és akinek temetésére a következő helyen került sor: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | a temetés helyszíne | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | Temetési költségek összege: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |
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|  | | Dátum | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Felelős tisztviselő | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Bélyegző és aláírás | | | | | | | | | | | | | | | | | | | | | | |  | |
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| **F.** | | | | | | ***Az adatok eredetivel való megegyezését ellenőrizte:*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |
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|  | | Az összehasonlítás időpontja | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | |  | | |  | | | |  | | | Munkavállaló aláírása | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |
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| **A kérelemben megadott adatok egyeztetése céljából a kérelmezőnek a következőket kell benyújtania:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |
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|  | | * a kérelmező személyi igazolványa vagy a kérelmező tanúsítványa – külföldi állampolgár tartózkodási engedélye vagy igazolás arról, hogy a kérelmező külföldön élő szlovák állampolgár, valamint a kérelmező útlevele (külföldi állampolgárok, illetve külföldön élő szlovák állampolgárok esetén).   **A kérelmezőnek a kérelemhez csatolnia kell az alábbi igazoló dokumentumokat és tanúsítványokat:**   * a kerületi rendőr-főkapitányság illetékes határ- és idegenrendészeti osztályának igazolása az elhunyt külföldi állampolgár ideiglenes tartózkodási helyéről a Szlovák Köztársaság területén, valamint arról az időtartamról, amelyre az ideiglenes tartózkodást engedélyezték (kivéve, ha az elhunyt külföldi állampolgár „külföldön élő szlovák állampolgár” jogállást szerzett); * **elhunyt külföldi állampolgár:** halotti anyakönyvi kivonat (eredeti példány és fénymásolat), vagy a külföldi állampolgár halotti anyakönyvi kivonatának hivatalos fordítása, amennyiben a halotti anyakönyvi kivonatot külföldön állították ki, vagy egyéb, idegen nyelven kiállított dokumentumok és tanúsítványok hivatalos fordítása, kivéve, ha ezeket a dokumentumokat a Cseh Köztársaságban illetékes jogi személyek állították ki, cseh nyelven; * igazolás keresőtevékenység végzéséről vagy a Szlovák Köztársaságtól kapott nyugellátásról, ha az elhunyt az elhalálozás időpontjában egy másik tagállam állampolgára volt, és keresőtevékenységet folytatott vagy nyugellátásában részesült a Szlovák Köztársaság területén; * a Szlovák Köztársaság Belügyminisztériuma által kiállított igazolás, amennyiben az anyakönyvekről szóló 154/1994 sz. törvény 23. paragrafusa (1) bekezdésének a)–d) pontja szerinti esetről van szó, azaz ha a Szlovák Köztársaság állampolgárának halála következett be:  1. egy külföldi állam területén; 2. a Szlovák Köztársaság valamely nagykövetségén; 3. hajón vagy repülőgépen, a Szlovák Köztársaság területén kívül; 4. bármely olyan területen, amely egyetlen országhoz sem tartozik. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | | **Számszerű hivatkozások** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | |  | | | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | |  | | |  | | |  | | |  | | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | | |  | |  | |
|  | | 1. Kérjük, a modellnek megfelelően adja meg a szlovákiai lakóhely típusát; az ideiglenes tartózkodási helyet csak a nem szlovák állampolgárok esetén kell megadni. 2. Amennyiben nem vették igénybe temetkezési (hamvasztási) szolgáltató szolgáltatásait, a temetés helye szerinti önkormányzatnak vagy temetőüzemeltetőnek (jogi személy) kell kitöltenie a kérelem E. részében szereplő adatokat. Ha a temetésre külföldön került sor, a jogosultnak a temetési intézkedésekkel kapcsolatos dokumentumok hivatalos fordításának benyújtásával kell igazolnia a temetés lefolytatását. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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