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( ime i prezime podnositelja izjave)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(adresa)

# I Z J A V A

**o samohranom roditelju/skrbniku**

kojom potpisani /na roditelj/skrbnik\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OIB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(ime i prezime)

iz\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(adresa)

pod materijalnom i krivičnom odgovornošću izjavljuje da sam samohrani roditelj/skrbnik što potvrđujem ovim potpisom.

U\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.godine

(mjesto) (datum)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(potpis podnositelja zahtjeva)