**TEADE ABIVAJAVAST LAPSEST**

Viljandi Vallavalitsus

(Kauba tn 9, Viljandi linn 71020, Viljandi maakond, e-post: viljandivald@viljandivald.ee)

**Abivajava lapse andmed** *(täita need andmed, mis on teile teada)***:**

Laps (nimi, sünniaeg).................................................................................................................

Lapse elukoht/kontaktandmed...................................................................................................

Lapse ema..................................................................................................................................

Lapse isa....................................................................................................................................

Muud olulised isikud...................................................................................................................

**Teate kirjeldus** (soovitavalt võimalikult täpselt nt kuupäev, toimumiskoht jne):

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**Teataja andmed** (teataja andmed on konfidentsiaalsed):

Ees- ja perekonnanimi...............................................................................................................

Kontaktandmed..........................................................................................................................

Seos lapsega ............................................................................................................................