..............................................................................  
nazwisko i imię

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stanowisko

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jednostka organizacyjna

### Zmiana dowodu osobistego

# Seria i numer

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
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Data wydania ......................................................................................

Wydany przez .....................................................................................

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Data i podpis pracownika