**SELF-CERTIFICATION**

ON DEPARTURE FROM THE PLACE OF

RESIDENCE/WORKPLACE

IDENTITY (Personal Code) NUMBER: NAME AND SURNAME:

If a person is/stays outside the place of residence/workplace with his or her children up to the age of 12 or with another member of the family, please indicate:

IDENTITY (Personal Code) NUMBER: NAME AND SURNAME:

IDENTITY (Personal Code) NUMBER: NAME AND SURNAME:

ADDRESS OF THE PLACE OF RESIDENCE/WORKPLACE:

NAME OF THE WORKPLACE AND NAME, SURNAME, TELEPHONE NUMBER OF THE MANAGEMENT (CONTACT PERSON) (IF APPLICABLE):

DATE: TIME OF DEPARTURE:

REASON FOR LEAVING THE PLACE OF RESIDENCE/WORKPLACE:

DESTINATION OF MOVEMENT:

SIGNATURE: