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|  | | **Państwowy Powiatowy Inspektor Sanitarny** | | | | | | | | | | | | | |  | |  | | | | | | | | | | |
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| **Wniosek o wydanie zezwolenia na ekshumację ludzkich** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **zwłok lub** | | | | | | |  | | **szczątków** | | | | | | | | | | | | | | | | | | |
| **1. Instrukcja wypełnienia dokumentu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. | | Wniosek złóż do państwowego powiatowego inspektora sanitarnego lub do państwowego granicznego inspektora sanitarnego właściwego dla miejsca położenia grobu. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. | | WYPEŁNIJ WIELKIMI LITERAMI. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. | | Pola wyboru oznaczaj  lub . | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. | | Wypełniaj kolorem **czarnym** lub **niebieskim**. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Dane wnioskodawcy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **2.1. Dane identyfikacyjne wnioskodawcy** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Imię i nazwisko | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Numer dowodu osobistego | |  |  |  |  |  |  | |  | |  |  | |  | | | | | | | | | | | | | | |
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| Stopień pokrewieństwa w stosunku do osoby zmarłej | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | **2.2. Adres miejsca zamieszkania wnioskodawcy** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Miejscowość | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Ulica | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nr domu | |  | | | Nr lokalu | | | |  | | | | | | Kod pocztowy | | | | | | | |  |  | - |  |  |  |
|  | | **2.3. Dane kontaktowe wnioskodawcy** *(dane kontaktowe nie są obowiązkowe, ale ułatwią kontakt w sprawie wniosku)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| Numer telefonu | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **2.4. Dane pełnomocnika** *(podaj, jeśli w sprawie ustanowiłeś pełnomocnika)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imię i nazwisko | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **2.5. Adres korespondencyjny wnioskodawcy** *(jeśli w sprawie ustanowiłeś pełnomocnika, to podaj jego adres)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Miejscowość | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Ulica | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Nr domu | |  | | | Nr lokalu | | | |  | | | | | | Kod pocztowy | | | | | | | |  |  | - |  |  |  |
| **3. Treść wniosku** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **3.1. Przeprowadzający ekshumację i jej terminu**   |  | | --- | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **3.2. Uzasadnienie** *(podaj powód ekshumacji)* | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **3.3. Dane dotyczące osoby zmarłej** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Imię i nazwisko | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Miejsce urodzenia | |  | | | | | | | Data urodzenia | | | | | | | |  | | |  | - |  |  | - |  |  |  |  |
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| Miejsce zgonu | |  | | | | | | | Data zgonu | | | | | | | |  | | |  | - |  |  | - |  |  |  |  |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Przyczyna zgonu | |  | Choroba niezakaźna | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | Choroba zakaźna | | | | | | Rodzaj choroby zakaźnej | | | | | | | | | | |  | | | | | | | | |
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| Miejsce pochowania przed ekshumacją | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Miejsce pochowania po ekshumacji | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | *Podaj zarówno nazwę i adres cmentarza, na którym ma się odbyć ekshumacja, jak i cmentarza, na którym mają być ponownie pochowane zwłoki lub szczątki.* | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **3.4. Dane dotyczące wszystkich pozostałych uprawnionych do złożenia wniosku o ekshumację** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Pozostali uprawnieni | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | *Podaj imię i nazwisko, stopień pokrewieństwa oraz adres zamieszkania wszystkich uprawnionych (np. członków rodziny).* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4. Podstawa prawna** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Art. 10 ust. 1 i art. 15 ust. 1 pkt 1 oraz ust. 3 ustawy z dnia 31 stycznia 1959 r. o cmentarzach i chowaniu zmarłych | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5. Załączniki** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **1. Akt zgonu** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Zaświadczenie wydane przez właściwy zarząd cmentarza o możliwości przeprowadzenia ekshumacji osoby wskazanej we wniosku** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. Zaświadczenie wydane przez właściwy zarząd cmentarza o posiadaniu wolnego miejsca w grobie, w którym istnieje możliwość pochowania osoby wskazanej we wniosku po przeprowadzonej ekshumacji**  **4. Dokument pełnomocnictwa, o ile został ustanowiony pełnomocnik**  **5. Dokument stwierdzający, że zgon nie nastąpił na skutek choroby zakaźnej (cholera, dur wysypkowy i inne riketsjozy, dżuma, gorączka powrotna, nagminne porażenie dziecięce, nosacizna, trąd, wąglik, wścieklizna, żółta gorączka i inne wirusowe gorączki krwotoczne) wymagany w przypadku ekshumacji zwłok przed upływem 2 lat od pochówku i braku przyczyny zgonu w akcie zgonu lub innym dokumencie urzędowym stwierdzającym zgon** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. Data i podpis wnioskodawcy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | *DD-MM-RRRR* | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Podpis | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |