|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dane wnioskodawcy |** Applicant’s details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Tel Awiw, | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Imię i nazwisko |** Given name and family name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Numer paszportu |** Passport number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Aktualne miejsce zamieszkania |** Current address | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Numer telefonu |** Telephone number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Adres e-mail |** E-mail address  *(podanie numeru telefonu i adresu e-mail nie jest obowiązkowe, ale może ułatwić kontakt w sprawie) (\*)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Kierownik Urzędu Stanu Cywilnego w:**  The Head of the Register Office in: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Nazwa miejscowości |** Name of the town/city | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | **Wniosek o transkrypcję zagranicznego aktu urodzenia** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | |
| Application for transcription of a foreign birth certificate | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Proszę o sporządzenie polskiego aktu urodzenia na podstawie zagranicznego aktu urodzenia na nazwisko:  I apply for issuing a Polish birth certificate based on a foreign birth certificate of the following person: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | |  | |  |  | | |  | |  | |  | |  | |  | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | |
| **Imię i nazwisko osoby urodzonej |** Child’s given and last names | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zagraniczny akt urodzenia został sporządzony w:  The foreign birth certificate has been issued in: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | | |  |  | |  | |  | |  | |  | |  | |  | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | | |  | | |
| **Miejscowość i państwo |** Town/city and country | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Oświadczam, że ten akt nie został zarejestrowany w księgach stanu cywilnego na terenie RP.  I declare that the act has not been registered in the civil register in Poland. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dane dziecka:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details of the child: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Imię (imiona) |** Given name(s) | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Nazwisko |** Last name | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. Data urodzenia |** Date of birth | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | **-** | | | |  | | | |  | | | | **-** | | | | |  | | | |  | | | |  | | | |  | | | |  | | | | **4. Płeć |** Sex | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | **Dzień – Miesiąc – Rok |** Day – Month – Year | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **M – męska, K – żeńska |** M – male, K – female | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5. Miejsce urodzenia |** Place of birth | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | **Nazwa miejscowości |** Name of the town/city | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. Kraj urodzenia |** Country of birth | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7. Numer PESEL |** PESEL number\* | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | |  | | | | |  | | | |  | | | | |  | | |  | |

**\* o ile został nadany** **|** in case it was issued

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dane matki dziecka:** | | | | | | | | | | | | | | | | | | | | | | | | |
| Details of the child’s mother: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Imię (imiona) |** Given name(s) | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Nazwisko |** Last name | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. Nazwisko rodowe |** Maiden name | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **4. Data urodzenia |** Date of birth | |  |  | **-** |  |  | **-** |  |  |  |  |  |  | | | | | | | | | | | |
|  | | **Dzień – Miesiąc – Rok |** Day – Month – Year | | | | | | | | | | | |  | | | | | | | | | | |
| **5. Miejsce urodzenia |** Place of birth | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
|  | | **Nazwa miejscowości |** Name of the town/city | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **6. Numer PESEL |** PESEL number\* |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   **\* o ile został nadany** **|** in case it was issued  **Dane ojca dziecka:** | | | | | | | | | | | | | | | | | | | | | | | | |
| Details of the child’s father: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Imię (imiona) |** Given name(s) | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. Nazwisko |** Last name | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. Data urodzenia |** Date of birth | |  |  | **-** |  |  | **-** |  |  |  |  |  |  | | | | | | | | | | | |
|  | | **Dzień – Miesiąc – Rok |** Day – Month – Year | | | | | | | | | | | |  | | | | | | | | | | |
| **4. Miejsce urodzenia |** Place of birth | |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |
|  | | **Nazwa miejscowości |** Name of the town/city | | | | | | | | | | | | | | | | | | | | | | |
| **5. Numer PESEL |** PESEL number\* | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | | | | | | | | | | | | | | | | | | | | | | |
| **\* o ile został nadany** **|** in case it was issued  A. Proszę o uzupełnienie danych osobowych/brakujących danychpoprzez wpisanie: 1)  I request to supplement the personal data/missing data by putting in: | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| na podstawie:  based on: |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| B. Wnoszę o dostosowanie pisowni do reguł pisowni polskiej.1)  I request to adjust the spelling according to the Polish spelling rules. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| C. Zostałem poinformowany o potrzebie uzupełnienia/sprostowaniaaktu.1)  I was informed of the need to supplement/rectify the act. | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Oświadczam, że wyżej wymieniony akt nie został wpisany do rejestru stanu cywilnego w Polsce/polskich ksiąg stanu cywilnego. Zostałem poinformowany o konieczności pozostawienia oryginalnego dokumentu oraz oryginału jego tłumaczenia w Urzędzie Stanu Cywilnego.  I declare that the above-mentioned certificate has not been registered in the register of civil status in Poland / Polish civil status registry books. I was informed of the need to leave the original document and its original translation in the Register Office. | | | | | | | | | | | | | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Data złożenia wniosku |** Date of submission | | | | | | | | | | | |  |  |  | **Podpis wnioskodawcy |** Applicant’s signature |  |  |  |
|  |  |  |  |  | **-** |  |  | **-** |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | **Dzień – Miesiąc – Rok |** Day – Month – Year | | | | | | | | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

\* **OŚWIADCZENIE O WYRAŻENIU ZGODY NA PRZETWARZANIE DANYCH OSOBOWYCH**

**\* CONSENT CONCERNIG PROCESSING OF PERSONAL DATA (PHONE NUMBER AND E-MAIL ADDRESS) WITIHIN THE SCOPE OF THE PROCEDURE**

*Na podstawie z art. 6 ust. 1 lit. a Rozporządzenia Parlamentu Europejskiego i Rady (UE) 2016/679 z dnia 27 kwietnia 2016 r. w sprawie ochrony osób fizycznych w związku z przetwarzaniem danych osobowych i w sprawie swobodnego przepływu tych danych oraz uchylenia dyrektywy 95/46/WE (ogólne rozporządzenie o ochronie danych osobowych) wyrażam zgodę na przetwarzanie moich danych osobowych w zakresie: numer telefonu i/lub adresu e-mail, w celu przekazywania przez Urząd istotnych informacji związanych z prowadzonym postępowaniem.*

…………………………………

1)**Niepotrzebne skreślić |** Delete where not applicable Podpis wnioskodawcy (applicant’s signature)