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| Rzeczpospolita Polska | | Państwowy Powiatowy/Państwowy Graniczny Inspektor Sanitarny | | | | | | | | | | | | | | | |  | | | SYMBOL/00/00 / Adnotacje urzędu | | | | | | | | | | | |
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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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| Pesel | |  | |  | |  |  |  |  | |  | |  |  | |  | | |  | | | |  | | | | | | | | | |
|  | | **2.2. Adres miejsca zamieszkania wnioskodawcy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Miejscowość | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 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)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Numer telefonu | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Adres poczty elektronicznej | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **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. Uzasadnienie** *(podaj powód ekshumacji)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **3.2. 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 | | | | | | | | |  | |  | | - |  |  | - |  |  |  |  | |
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| Przyczyna zgonu | |  | | Choroba niezakaźna | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | | Choroba zakaźna | | | | | | | Rodzaj choroby zakaźnej | | | | | | | | | | |  | | | | | | | | | | |
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| Miejsce pochowania przed ekshumacją | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Rodzaj grobu | |  | | | ziemny | | | | | | | | | | | | | | |  | | | murowany | | | | | | | | | |
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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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| Planowane spopielenie zwłok  Adres miejsca spopielenia zwłok (szczątków) | | |  |  |  |  | | --- | --- | --- | --- | |  | TAK |  | NIE |  |  | | --- | |  |   **3.3. Dane dotyczące wszystkich pozostałych uprawnionych do złożenia wniosku o ekshumację** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stopień pokrewieństwa wnioskodawcy z osobą zmarłą | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pozostali uprawnieni | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | *Podaj imię i nazwisko, stopień pokrewieństwa oraz adres zamieszkania wszystkich uprawnionych (np. członków rodziny).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | **3.4. Oświadczenie** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Zobowiązuję się przestrzegać wymogów i warunków ekshumacji określonych przez przepisy prawa. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Podpis wnioskodawcy | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **7. Podpisy wszystkich pozostałych uprawnionych do złożenia wniosku o ekshumację wraz z datą[[1]](#footnote-1)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **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. Dokument pełnomocnictwa, o ile został ustanowiony pełnomocnik** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. 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**  **3. Zaświadczenie wydane przez właściwy zarząd cmentarza o możliwości przeprowadzenia ekshumacji osoby wskazanej we wniosku**  **4. Zaświadczenie wydane przez właściwy zarząd cmentarza o posiadaniu wolnego miejsca w grobie, w którym istnieje możliwość pochowania osoby wskazanej we wniosku po przeprowadzonej ekshumacji**  **5. W przypadku braku podpisów pozostałych wnioskodawców należy przedłożyć pisemne oświadczenia innych uprawnionych osób z ich zgodą na przeprowadzenie ekshumacji lub prawomocne orzeczenia sądu zobowiązujące inne osoby uprawnione do złożenia stosownego oświadczenia woli.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. Inne załączniki:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **6. Data i podpis wnioskodawcy** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Podpis | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

1. W przypadku braku podpisów pozostałych wnioskodawców należy przedłożyć pisemne oświadczenia innych uprawnionych osób z ich zgodą na przeprowadzenie ekshumacji lub prawomocne orzeczenia sądu zobowiązujące inne osoby uprawnione do złożenia stosownego oświadczenia woli. [↑](#footnote-ref-1)