|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Dane wnioskodawcy:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Tel Awiw-Jafa, | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Applicant’s details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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 zmianę imienia i/lub nazwiska** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Application for the change of the given and/or family name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Zwracam się z prośbą o zmianę:  I request to change: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Imienia/imion | Given name(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | | | |  | | | |  | | | |  |
| **Obecnie noszone imię/imiona |** Current given name(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Na imię/imiona | To the given name(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | | | |  | | | |  | | | |  |
| **Imię/imiona po zmianie |** Requested given name(s) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Nazwiska/Nazwiska rodowego/Nazwiska noszonego po zawarciu małżeństwa1) | Family name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | | | |  | | | |  | | | |  |
| **Obecnie noszone nazwisko |** Current family name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Na nazwisko | To the family name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | | | |  | | | |  | | | |  |
| **Nazwisko po zmianie |** Requested family name  1)**Niepotrzebne skreślić |** Delete where not applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wskazanie kierownika urzędu stanu cywilnego, który sporządził akty stanu cywilnego:  Indication of the Head of the Register Office who has drawn up the civil status records: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Akt urodzenia | Birth certificate | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | | | |  | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Akt małżeństwa | Marriage certificate | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |  | |  | |  | |  | |  | |  | | |  | | |  | |  | |  | |  | | | |  | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Numer PESEL | PESEL number2) | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | |  | |  | |  | |
| 2) **O ile został nadany** | In case it was issued | | | | | | | | | | | | | | | | | | | | |
| Uzasadnienie: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substantiation: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | **Data złożenia wniosku |** Date of submission | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | **Podpis wnioskodawcy |** Applicant’s signature | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | |
|  |  |  | |  | |  | | **-** | |  | |  | | | | **-** | |  | |  | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | |
|  |  |  | | **Dzień – Miesiąc – Rok |** Day – Month – Year | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |
|  |  |  | |  | |  | |  | |  | |  | | | |  | |  | |  | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | |  | | | |  | | |
|  |  |  | |  | |  | |  | |  | |  | | | |  | |  | |  | | |  | | |  | | |  | | |  | | | |  | | | |  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | |
| Oświadczenie | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Declaration | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ja, niżej podpisana/y oświadczam, że nie złożyłam/łem wcześniej w tej samej sprawie wniosku do innego kierownika urzędu stanu cywilnego oraz nie została już wydana decyzja odmowna.  I, the undersigned, declare that I have not previously filed the same application to a different Register Office and no negative decision has been made. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | **Data |** Date | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  | | | |  | | | | **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.*

…………………………………

podpis wnioskodawcy

applicant’s signature