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**imię, nazwisko**

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**adres zamieszkania (kod, miejscowość, ulica, nr domu)**

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**Do Państwowego Powiatowego**

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##### **PESEL Inspektora Sanitarnego**

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**seria i numer dowodu osobistego w....................................**

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**Numer telefonu**

Proszę o wydanie zezwolenia na wywóz z Polski zwłok / szczątków

mojego (mojej) ............................................................................................................................  
(stopień pokrewieństwa)

Oświadczam zgodnie z art. 10 ust. 1 ustawy z dnia 31 stycznia 1959 r. o cmentarzach   
i chowaniu zmarłych (tekst jednolity Dz. U. z 2017 r., poz. 957), że jestem w stosunku do osoby zmarłej najbliższą pozostałą rodziną.

**Dane dotyczące osoby zmarłej:**

1. Nazwisko i imię (imiona) .........................................................................................................

2. Nazwisko rodowe .....................................................................................................................

3. Data i miejsce urodzenia...........................................................................................................

4. Ostatnie miejsce zamieszkania .................................................................................................

5. Data i miejsce zgonu.................................................................................................................

przewóz nastąpi z .........................................................................................................................

(miejscowość i kraj)

do .................................................................................................................................................

(miejscowość i kraj)

w celu pochowania na cmentarzu w ............................................................................................

przy ul. .........................................................................................................................................

przewóz nastąpi w dniu ................................................................................................................

Środkiem transportu .....................................................................................................................

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data i czytelny podpis wnioskodawcy