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| **….……………..………**  **(miejscowość, data)**  Rzeczpospolita Polska  **PAŃSTWOWY POWIATOWY**  **INSPEKTOR SANITARNY**  **W LUBACZOWIE**  **Wniosek o wydanie zezwolenia na ekshumację ludzkich** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **zwłok lub** | | | | | | | | | | | | | | | |  | | | **szczątków** | | | | | | | | | | | | | | | | | | | | | | |
| **1. INSTRUKCJA WYPEŁNIENIA DOKUMENTU** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1) | | | | | Wniosek złóż do Państwowego Powiatowego Inspektora Sanitarnego w Lubaczowie. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
| 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. UZASADNIENIE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | **3.1. UZASADNIENIE** (*podaj powód ekshumacji)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | **3.2. DANE DOTYCZĄCE OSOBY ZMARŁEJ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Imię i nazwisko | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Miejsce urodzenia | | | | |  | | | | | | | | | | | | | | Data urodzenia | | | | | | | | | | |  | |  | - |  |  | - |  |  | |  |  | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miejsce zgonu | | | | |  | | | | | | | | | | | | | | Data zgonu | | | | | | | | | | |  | |  | - |  |  | - |  |  | |  |  | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Przyczyna zgonu | | | | |  | | | Choroba niezakaźna | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | Choroba zakaźna | | | | | | | | | | | Rodzaj choroby zakaźnej | | | | | | | | | | | | |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Miejsce pochowania przed ekshumacją | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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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|  | | | | | **3.3. DANE DOTYCZĄCE WSZYSTKICH POZOSTAŁYCH UPRAWNIONYCH DO ZŁOŻENIA WNIOSKU O EKSHUMACJĘ** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stopień pokrewieństwa wnioskodawcy z osobą zmarłą | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | *Podaj imię i nazwisko, stopień pokrewieństwa oraz adres zamieszkania wszystkich uprawnionych (np. członków rodziny).* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pozostali uprawnieni | | | | | 1. ………………………………………………………………………………………………………………………………………………………………………………… 2. …………………………………………………………………………………………………………………………………………………………………. 3. ………………………………………………………………………………………………………………………………………………………………………………….. 4. ………………………………………………………………………………………………………………………………………………………………………………….. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | **3.4. OŚWIADCZENIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | Zobowiązuję się przestrzegać wymogów i warunków ekshumacji określonych przez przepisy prawa. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | *DD-MM-RRRR* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Podpis wnioskodawcy | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **4. PODPISY WSZYSTKICH POZOSTAŁYCH UPRAWNIONYCH DO ZŁOŻENIA WNIOSKU O EKSHUMACJE WRAZ  Z DATĄ** [[1]](#footnote-1) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. …………………………………………………… 2. ……………………………………………… 3. ……………………………………………… 4. ……………………………………………………… | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5. 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 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. 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. Oświadczenie innych uprawnionych osób z ich zgodą na przeprowadzenie ekshumacji lub prawomocne orzeczenia sądu zobowiązujące inne osoby uprawnione do złożenia stosownego oświadczenia woli.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **6. DATA I PODPIS WNIOSKODAWCY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | | | | | *DD-MM-RRRR* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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)