

URN C COFFIN
..... C

city, date

PERMIT FOR CRAMATION

I, ID.....
Name and surname of person who permits the cremation

street....., ZIP-code..... City:

relationship with deceased person :..... (husband wife, son, daughter, stranger etc.),

Allow for cremation of deceased person:

..... Issued by.....
Name and surname number of death certificate

.....
Birthday City of birth date of death City

I declare that I have read and accept the internal regulations for the implementation of the cremation service provided at www.cremering.pl.

- | | |
|--|---------------------|
| 1. PACEMAKER: | 1. yes / no. |
| 2. PLATE (with religous symbols) : | 2. yes / no. |
| 3. We will use the chapel: | 3. yes / no. |
| 4. The crematorium service is to be provided by a spiritual person | 4. yes / no. |
| 5. We agree for cremation at a time convenient for the crematorium | 5. yes / no. |
| 6. Scheluded cremation hour: | 6. yes / no. |

At the same time, I authorize an Funeral Home to carry out formalities and activities related to cremation in crematorium „Cremering” /NIP/ 693 126 09 53.

.....
legible signature of the person granting the authorization

I confirm the credibility of the data and signature of the person granting the authorization

(The company seal of an authorized funeral company).

.....
Company stamp

.....
legible signature of the person in the presence of which the permit was issued and authorization was granted, eg to a funeral company employee

THE RECEIPT OF THE INVOICE IS:

Private person Funeral Home Other Name: Surname:
ID:
Adress:

The Principal declares that he agrees to the processing of personal data within the meaning of the Act of 29 August 1997 on the Protection of Personal Data (consolidated text: Journal of Laws of 2016, item 922) to the extent necessary for the creator to perform procedures related to cremation.