**…….............................. .............................**

Miejscowość data

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**imię, nazwisko**

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

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**kod, miejscowość**

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**PESEL**

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**seria i numer dowodu osobistego**

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|  |  |  |  |  |  |  |  |  |  |

**Telefon**

**PEŁNOMOCNICTWO**

Udzielam pełnomocnictwa Panu/Pani ………………………………………legitymującemu/ej się dowodem osobistym nr……………………… wydanym przez ………………………....... do reprezentowania moich interesów w postępowaniu administracyjnym prowadzonym w sprawie ekshumacji śp. …………………………….................... i umocowuję do działania w moim imieniu Pana/Panią…………………………………….oraz do odbioru dokumentacji.

Wyrażam zgodę na ekshumację zwłok/szczątków zmarłego/ej………………………………….

imię i nazwisko

pochowanego/ej na cmentarzu…………………………………………. i przeniesienia ich na

cmentarz ……………………………………………………………

nazwa i adres

Stopień pokrewieństwa wnioskodawcy w stosunku do osoby zmarłej.........................................

………………………………………..

Data i czytelny podpis