



AUTHORISATION FOR CREMATION OF THE DECEASED*

* PLEASE USE CAPITAL LETTERS

I
(name and surname) (telephone number)

holder of identity card
(series and number of identity card)

domiciled
(residential address: place, street, house number, flat number)

hereby authorise the cremation of the deceased (cremation of the body)

.....
(name of deceased) (date and place of birth)

.....
(last address of deceased)

.....
(date and place of death) (death certificate number, by whom issued)

I am related to the deceased and I have had the opportunity to identify
(degree of relationship)
the deceased prior to cremation. At the same time, I confirm that the above-mentioned person whose
body will be cremated **does not have a cardiac pacemaker**.

It is forbidden to put inflammable substances (lighters, perfumes, deodorants, coins and metal objects) in the coffin.

I declare that I take full responsibility for authorising “Walicki” Company to cremate the body of the deceased and any future claims of family members may be directed only against me.

I agree for the change the time of the cremation without notifying me in the event that the family does not attend the cremation process.

.....
(stamp and signature of the legal entity
or funeral home)

.....
(date)

.....
(signature of the person granting
authorisation)

** I consent to the processing of my personal data in relation to the authorisation for cremation (cremation of the body) pursuant to the Regulation (EU) 2016/679 of the European Parliament and of the Council of 27 April 2016 on the protection of natural persons with regard to the processing of personal data and on the free movement of such data, and repealing Directive 95/46/EC (General Data Protection Regulation) and Polish regulations. The information clause can be found in the Customer Service Office.