

ACHERON
Krematorium Suwałki
ul. Reja 110, PL 16-400 Suwałki
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PERMISSION FOR CREMATION

(PL: „Zezwolenie na wykonanie kremacji”)

I, PESEL No.
(surname and forename (s) of the person issuing the permission for cremation)

holder of the ID/passport series number

address

Telephone No.:

relationship to deceased.....

I hereby permit the cremation of the body of the deceased person

.....
(forename (s) and surname of deceased)

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

.....
(last address of deceased)

.....
(date and place of death)

.....
(number of Death Certificate, name of issuing authority)

.....
(age of deceased)

.....
(cause of death)

I declare that I had the opportunity to confirm identity of the diseased. I also declare that this is the body of the said person. I hereby declare that I take full responsibility arising from granting of this permission to ACHERON Krematorium Suwałki, registered office in Suwałki, and any claims from the relatives of the diseased must be made exclusively against me.

I would like to note that the said deceased person is/is not wearing an artificial pacemaker.

.....
(seal and signature of the funeral house)

.....
(locality and date)

.....
(signature of the person issuing the permission)