



AFFIDAVIT

(Article 8 Law 1599/1986)

The accuracy of the information submitted with this declaration can be verified on the basis of the file of other authorities (Article 8 par. 4, Law 1599/1986)

Recipient:	Any responsible authority			
Name:		Surname:		
Father's name and surname:				
Mother's name and surname:				
Date of birth:				
Place of birth:				
Passport/ID card no.:		Phone no.:	Tax number.:	
Town of residence:		Street:	No.:	Postal code:
Fax:		Email:		

On my own responsibility and knowing the sanctions provided by the provisions of paragraph 6, Article 22 of the Law 1599/1986, I declare that:

After my death I wish to be cremated at the Cremation Center of Ritsona, Chalkida, Euboea which is located in Megali Gefyra of Ritsona, in the Municipal Unit of Avlida.

Concerning the disposal of my ashes, I declare that I wish them:

- ☐ To be placed in the urn I have chosen at the Cremation Center of Ritsona with code _____, according to the payment receipt which is attached to this affidavit, and I want them to be stored in _____ (*home, family grave, another place*)
- ☐ To be scattered in the sea area of _____, (*description of the area*)
- ☐ To be buried in the flower garden of the Cremation Center of Ritsona, according to the payment receipt which is attached to this affidavit.
- ☐ Other: _____

The responsible person (addressee) for the execution of my above-mentioned wishes shall be (name and surname), son/daughter of (father's name).

Date:
The Declarant
(Signature)