



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 buried in
(location, church, cemetery, another place).

- I declare that I want my bones to be placed in
(cemetery, family grave, another place)
- I wish to be buried in
(family grave, city cemetery, another place)
- Other:
(special wish)

I appoint (name & surname), son/daughter of
..... (father's name), as executor of my above-mentioned wishes.

Date:
The Declarant
(Signature)