

.....  
Location and date

### **Declaration**

I declare that the death of ..... did not occur as a result of any infectious disease listed in the regulations issued on the basis of Article 9 (3a) of the Act on Cemeteries and Burial of the Dead of 31.01.1959 (Journal of Laws of 2000 No. 23 item 295, as amended).

Regards

.....  
*Family member signature*

