Załącznikdo procedury nr 3 – wniosek

Appendix to procedurę No. 3 - application form

**Wniosek o wydanie kopii dokumentów, składany na podstawie art. 34 ust. 1 ustawy**   
**z dnia 18 grudnia 1998 r. o Instytucie Pamięci Narodowej – Komisji Ścigania Zbrodni przeciwko Narodowi Polskiemu (Dz. U. z 2016 r. poz. 1575).**

Application for making available copies of documents, filed pursuant to Article 34 (1) of the Act of 18 December on the Institute of National Remembrance – Commission for the Prosecution of Crimes against the Polish Nation (OJ of 2016 item 1575).

**Wnioskodawca**

Applicant

Nazwisko

Surname

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Imiona

First and middle names

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**Adres zamieszkania**

Address of residence

Miejscowość

Town/City

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Ulica

Street

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Nr domu Nr mieszkania

House No. Flat No.

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Kod pocztowy Poczta

Post code Post office

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Państwo (dla osób zamieszkałych za granicą)

Country (for persons residing outside Poland)

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Ostanie miejsce zamieszkania w kraju (dla osób zamieszkałych za granicą)

Last place of residence in Poland (for persons residing outside Poland)

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**Adres do korespondencji (jeśli inny niż adres zamieszkania)/adres pełnomocnika/adres pełnomocnika do doręczeń w kraju\***

Address for correspondence (if different from residential address/registered office)/address of the attorney/ the attorney to whom documents shall be delivered in Poland\*

Imię pełnomocnika/pełnomocnika do doręczeń w kraju

First name of the attorney/the attorney to whom documents shall be delivered in Poland

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Nazwisko pełnomocnika/pełnomocnika do doręczeń w kraju

Surname of the attorney /the attorney to whom documents shall be delivered in Poland

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Miejscowość

Town/City

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Ulica

Street

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Nr domu Nr mieszkania

House No. Flat No.

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Kod pocztowy Poczta

Post code Post office

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**Tel. kontaktowy/e-mail** …………………………………………

Contact phone./e-mail

**Dane osoby zmarłej, której dotyczy wniosek**

**(w przypadku wniosku składanego przez osobę najbliższą lub krewnego, o których mowa w art. 35a ust. 4 ustawy o Instytucie Pamięci Narodowej)**

Personal data of the deceased person whom the application concerns

(in the event of an application submitted by a close or family relative, referred to in Article 35a (4) of the Act on the Institute of the National Remembrance)

Stopień pokrewieństwa/powinowactwa

Relationship/affinity

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Nazwisko

Surname

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Imiona

First and middle names

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Inne używane nazwiska/nazwisko rodowe

Other surnames used/maiden name

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**Numer wniosku o udostępnienie dokumentów na podstawie art. 30 ust. 1 ustawy o Instytucie Pamięci Narodowej……………………………………………………………………………………**

Number of the application for granting access to documents pursuant to Article 30 (1) of the Act on the Institute of National Remembrance

**Jednostka organizacyjna Instytutu Pamięci, w której realizowany był wniosek z art. 30 ust. 1 ustawy o Instytucie Pamięci Narodowej …………………………………………………………….**

Organisational unit of the Institute of National Remembrance in which the application under Article 30 (1) of the Act on the Institute of National Remembrance was processed

Na podstawie art. 34 ust. 1 ustawy z dnia 18 grudnia 1998 r. o Instytucie Pamięci Narodowej   
– Komisji Ścigania Zbrodni przeciwko Narodowi Polskiemu (Dz. U. z 2016 r. poz. 1575) wnoszę o wydanie nieuwierzytelnionych/uwierzytelnionych\* kopii dokumentów udostępnionych mi do wglądu i dotyczących mojej osoby/ zmarłej osoby mi najbliższej/ zmarłej osoby spokrewnionej\*:

Pursuant to Article 34 (1) of the Act of 18 December 1998 on the Institute of National Remembrance – Commission for the Prosecution of Crimes against the Polish Nation (OJ of 2016 item 1575), I hereby request making available the not authenticated/authenticated\* copies of documents to which I have been granted access that concern myself/ a deceased close or family relative\*:

Całość jak w protokole udostępnienia lub niżej wymienione sygnatury:

The whole as specified in the protocol of access or the file references mentioned below:

sygn. ……………………………………, k. ……………

sygn. ……………………………………, k. ……………

sygn. ……………………………………, k. ……………

sygn. ……………………………………, k. ……………

sygn. ……………………………………, k. ……………

sygn. ……………………………………, k. ……………

sygn. ……………………………………, k. ……………

sygn. ……………………………………, k. ……………

sygn. ……………………………………, k. ……………

sygn. ……………………………………, k. ……………

sygn. ……………………………………, k. ……………

sygn. ……………………………………, k. ……………

sygn. ……………………………………, k. ……………

sygn. ……………………………………, k. ……………

file ref. copies

**Wskazanie oddziału/delegatury Instytutu Pamięci, w której wnioskodawca chciałby odebrać**

**kopie dokumentów:..**…………………………………………………………………………

Indication of the relevant branch office/delegation of the IPN where the applicant would like to receive the copies of the documents

**Forma kopii**: CD/kopia papierowa\*

Form of copy: CD/paper\*

……………………………………………………………………………………………….

miejscowość, data podpis wnioskodawcy

Town/City and date the applicant’s signature

|  |
| --- |
| Uwierzytelniony przez konsula podpis wnioskodawcy (uzupełnić w przypadku osobistego składania wniosku w polskiej placówce konsularnej)\*  Applicant’s signature authenticated by a Consul of the Republic of Poland (to be completed in the case of an application submitted to a Polish consular office) \*  Poświadczony przez notariusza lub inną osobę uprawnioną do uwierzytelniania podpisów zgodnie z prawem państwa, w którym ta czynność została dokonana, podpis wnioskodawcy (uzupełnić w przypadku składania wniosku za pośrednictwem poczty)\*  Applicant’s signature authenticated by a public notary or another person entitled to authenticate signatures in accordance with the law of the country in which the procedure has been conducted (to be completed in the case of an application submitted by post)\* |
|  |

Imię i nazwisko pracownika Instytutu Pamięci Narodowej/placówki konsularnej RP\* przyjmującego wniosek

First name and surname of the official officer of the Institute of National Remembrance/officer of the consular office of the Republic   
of Poland\* receiving the application

……………………………………………………………………………………………………………………….

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stanowisko służbowe

official position

……………………………………………………

miejsce i data przyjęcia wniosku

place and date of receipt of the application

………………………………………………………..

podpis pracownika IPN /placówki konsularnej RP\*

signature of the officer of the Institute of National Remembrance/officer of the

consular office of the Republic of Poland\*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* Niepotrzebne skreślić.

\* Delete as applicable.

**POUCZENIE**

**INSTRUCTION**

1. Wniosek o wydanie kopii dokumentów składa się osobiście w siedzibie Instytutu Pamięci Narodowej, jego oddziałach i delegaturach w obecności upoważnionego pracownika, który potwierdza tożsamość wnioskodawcy. Wniosek można złożyć za pośrednictwem poczty pod warunkiem poświadczenia podpisu przez notariusza.

Application for making available the copies of documents shall be submitted in person in the seat of the Institute of the National Remembrance, branches and delegations thereof, in the presence of an authorised staff member who verifies the identity of the applicant. The application may be submitted via post provided that a signature is certified by a notary public.

1. Osoba mająca stałe miejsce zamieszkania za granicą może złożyć wniosek osobiście w polskiej placówce konsularnej, przy czym podpis wnioskodawcy uwierzytelnia konsul. W przypadku składania wniosku za pośrednictwem poczty podpis wnioskodawcy poświadcza notariusz lub inna osoba uprawniona do uwierzytelniania podpisów zgodnie z prawem państwa, w którym ta czynność zostanie dokonana.

A person who permanently resides abroad may submit an application in person at a Polish consular office provided that the signature   
of the applicant is authenticated by a consul. In the event of submitting an application by post, the applicant's signature shall be certified   
by a notary public or another person entitled to certify signatures in accordance with the law of the country in which this action shall   
be performed.

1. Zgodnie z art. 40 § 4 i 5 ustawy z dnia 14 czerwca 1960 r. – Kodeks postępowania administracyjnego   
   (Dz. U. z 2017 r. poz. 1257) strona, która nie ma miejsca zamieszkania lub zwykłego pobytu albo siedziby   
   w Rzeczypospolitej Polskiej lub innym państwie członkowskim Unii Europejskiej, jeżeli nie ustanowiła pełnomocnika do prowadzenia sprawy zamieszkałego w Rzeczypospolitej Polskiej i nie działa za pośrednictwem konsula Rzeczypospolitej Polskiej, jest obowiązana wskazać w Rzeczypospolitej Polskiej pełnomocnika do doręczeń, chyba że doręczenie następuje za pomocą środków komunikacji elektronicznej.   
   W razie niewskazania pełnomocnika do doręczeń przeznaczone dla tej strony pisma pozostawia się w aktach sprawy ze skutkiem doręczenia. Strona ma prawo do złożenia odpowiedzi na pismo wszczynające postępowanie i wyjaśnień na piśmie.

Pursuant to Article 40 (4) (5) of the Act of 14 June 1960 - Code of Administrative Procedure (OJ of 2016, item 23) if a party   
who does not have a domicile or a habitual residence or a registered seat in the Republic of Poland or in other member state   
of the European Union, did not appoint an attorney domiciled in the Republic of Poland to conduct the case in the Republic of Poland and does not act through a Polish consul, he/she is obligated to indicate an attorney in the Republic of Poland for delivery service unless the correspondence is to be delivered via e-mail. Should an attorney for delivery service not be indicated, the correspondence designated to the party shall be left in case files with the effect of delivery. The party has the right to submit a response to the letter initiating the proceedings and explanations in writing.

Pełnomocnikiem może być osoba fizyczna posiadająca zdolność do czynności prawnych.

The attorney may be a natural person having legal capacity.