**Application for Contribution to the Costs of the Funeral**

**of a Deceased Organ Donor**

As stipulated in Article 28a, para. 1, of the Law No. 285/2002 Sb. (The Transplantation Act), **I hereby ask for a contribution to the costs of the funeral of a deceased organ donor in the amount of CZK 5,000.00.**

**Name and surname of person arranging the funeral:**

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

(If arranged by a legal entity, state its full name)

**Date of birth of person arranging the funeral:** ..........................................................…..

(If arranged by a legal entity, state its tax identification number)

**Permanent residence:** …………………………………………………....…………………..

(If arranged by a legal entity, state its full mailing addres)

**I ask for contribution to the costs of the funeral of a deceased organ donor**

**Name and surname of the donor:** ……………..........………………………………………..

**Birth/social security number of the donor** ………………………………………………….

**Birth date:** ………………………… **Death date:** …………………….…………..

**Name and address of the health services provider where organ procurement has been made:**

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

**🞏 Send to the account number:**  ......………………..………………....................……

or (click preferred payment mode)

**🞏 Send by a postal money order to – give address:**

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

**Apendices without which the contribution cannod be paid:**

1. **A copy of an order/bill from the funeral service provider stating the name of the deceased person and the name of the person arranging the funeral.**
2. **A copy of a payment proof.**

**Date:** ............................................... **Applicant´s signature:** ...................................................

**The application together with required appendices shall be sent by registered mail to:**

**Koordinační středisko transplantací, Ruská 85, 100 00 Praha 10, Czech Republic**

Instruction to the application

for contribution to the costs of the funeral of a deceased organ donor

* Claim arising to a person who has demonstrably arranged the funeral of a deceased donor whose organ/s have been procured to be transplanted
* The amount is CZK 5,000.00 as per Art. 28a, para. 1, of the Transplantation Act
* The contribution shall be used to reimburse covered costs of the funeral
* The contribution shall be paid on the rebound upon presentation of the proof of payment of the funeral of the deceased organ donor
* Should the application not be presented within 12 months of the date of the funeral of the deceased donor the claim becomes extinct
* The Ministry of Health has authorized KST to administer the applications and to pay out the contributions.

**Notes of KST:**

**Žádost doručena dne:** …………......……..... **Podpis:** ……………………………....…..

(Application received) (Signature)

**Jedinečné identifikační číslo darování:** ....................................................................................

(Unique donation identification number)

**Kontrola údajů provedena dne:** ………………....… **Podpis:** ..........................................

(Controlled) (Signature)

**Odesláno žadateli dne:** …………….......…………… **Podpis:** ..........................................

(Contribution paid out when)) (Signature)