



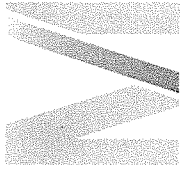
MANIFEST
ICAO ANNEX 9 APPENDIX 3

FLIGHT NO. : PC 1020 23AUG2024 12:35 PAGE : 1/1
AIRCRAFT REG. NO. : TCRBL
POINT OF LADING : MUC POINT OF UNLADING: SAW
CARRIER : Pegasus security checked

AWB	PCS/TTL	NATURE OF GOODS	WGT/KG	ORIG	DEST	CI	SPLs	REMARKS
BULK								
624 51924213	12/12	PERSONAL EFFECT	206,0	MUC	AUH	X	SPX	
624 51924224	2/2	PERSONAL EFFECT	48,0	MUC	AUH	X	SPX	
624 51951815	1/1	HUMAN REMAINS	106,0	MUC	SAW	X	HUM, SPX	
TOTAL BULK	15		360,0					

TOTAL	15		360,0					

ULD/Bulk Load Weight Statement



Airline		Flight No.	Date	Registration	Destination
PC		PC 1020	23-08-2024	TCRBL	SAW

T	ULD	Contour No	Height Code	Gross Weight	ULD Info Type / Side	cm	cm	cm	for ULD	SHC	ULD Dest	Remarks	LC
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Total ULD Weights: 0,00

Trolley Nbr	Gross Weight	Remarks	SHC	Unloading Point	LC
08141	106,00		HUM, SPX	SAW	C
75847	254,00		SPX	SAW	C

Total BULK Weights: 360,00

ALL WEIGHTS IN KG

SPECIAL LOAD - NOTIFICATION TO CAPTAIN

Station of Loading	Flight Number	Date	Aircraft Registration	Prepared by	Remark
MUC	PC 1020	23AUG2024	TCRBL	Thies	

Page: 1 / 1

DANGEROUS GOODS Station of Unload Air Waybill Number Proper Shipping Name

Class or Div. (Sub Risk)	UN/ID Nr	Erg Code	Nbr. of Pkge	Net Qty or Tl per Pkge	RAD Cat.	PG	IMP Code	CAO [X]	ULD/ID-No.	POS
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There is no evidence that any damaged or leaking packages containing dangerous goods have been loaded on the aircraft

OTHER SPECIAL LOAD

Station of Unload	Air Waybill Number	Contents and Description	Nbr. of Pkge	Net Qty per Pkge	Supplementary Information	IMP Code	ULD/ID-No.	POS
SAW	624 51951815	HUMAN REMAINS	1	106,0 Kg		HUM	BULK	

Captain's Signature:

LOADING CERTIFICATION
I certify that these articles have been loaded in accordance with all regulations and that there is no evidence of leaking or damaged packages. (to be signed by Loadcontroller)

Loading Supervisor's name and signature

ACCEPTANCE CERTIFICATION
I hereby certify that the above shipments have been checked and are in conformity with the current regulations. (to be signed by Handling Agent)

Building Supervisor's name and signature

Shipper's Name and Address 249 FATIMA RAMIS MOHAMED ALAMERI FRANZWOLTERSTR. 21 81925 MÜNCHEN		Shipper's account Number 21197		Not negotiable Air Waybill Issued by /		PEGASUS AIRLINES PEGASUS HAVA TASIMACILIGI A.S BASIN EKSPRES CADDESI NO: 2/A 34303 KUCUKCEKMECE//HALKALI					
Consignee's Name and Address 249 FATIMA RAMIS MOHAMED ALAMERI 00971506629539 P.O.BOX 27273 ABU DHABI U A E		Consignee's account Number 21197		It agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required							
Issuing Carrier's Agent Name and City PRO SERVICE GMBH 85356 MUNICH - DE/RA/00255-01		Accounting Information ARRIVAL: 25.08.24		Reference: 50-60004-08-24							
Agent's IATA Code 23-4 7140 8015		Account No.		Optional Shipping Inform.							
Airport of Departure (Addr. of first Carrier) and requested Routing MUNICH		Reference Number 50-60004-08-24		Optional Shipping Inform.							
to	By first Carrier	to	by	to	by	Currency	CHG Code	WT/VAL PP CC	Other PP CC	Decl. Value for Carriage	Decl. Value for Customs
AUH	PC					EUR	P	P	X	NVD	NCV
Airport of Destination ABU DHABI		Requested Flight / Date		Amount of Insurance NIL		INSURANCE - If carrier offers insurance, and such insurance is requested in accordance with conditions thereof, indicate amount to be in figures in box marked "Amount of Insurance".					
Handling Information DE/RA/00255-01 "NOT SECURED CARGO"											
EC-STATUS: X											
No. of Pieces RCP	Gross Weight	kg	Rate Class	Commodity Item No.	Chargeable Weight	Rate Charge	Total	Nature and Quantity of Goods (incl. Dimensions of Volume)			
12	206,0	K	Q		265,0	3,46	916,90	PERSONAL EFFECTS NOT RESTRICTED 4 X 75 X 47 X 45 1 X 45 X 33 X 33 4 X 75 X 45 X 45 3 X 47 X 46 X 46 HS 99050000			
12	206,0						916,90	TOTAL CBM: 1,589			
Prepaid Weight Charge Collect						Other Charges					
916,90											
Valuation Charge											
Total other Charges Due Agent											
Total other Charges Due Carrier											
Total prepaid						Total collect					
916,90											
Currency Conversion Rates						CC Charges in Dest. Currency					
For Carrier's Use only at Destination						Charges at Destination					
						Total Collect Charges					

ORIGINAL 1 (FOR ISSUING CARRIER)

Shipper's Name and Address 249 FATIMA RAMIS MOHAMED ALAMERI FRANZWOLTERSTR. 21 81925 MÜNCHEN		Shipper's account Number 21197		Not negotiable Air Waybill Issued by Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity							
Consignee's Name and Address 249 FATIMA RAMIS MOHAMED ALAMERI 00971506629539 P.O.BOX 27273 ABU DHABI U A E		Consignee's account Number 21197		It agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required							
Issuing Carrier's Agent Name and City PRO SERVICE GMBH 85356 MUNICH - DE/RA/00255-01				Accounting Information ARRIVAL:							
Agent's IATA Code 23-4 7140 8015		Account No.		Reference:							
Airport of Departure (Addr. of first Carrier) and requested Routing MUNICH				Reference Number 50-60008-08-24		Optional Shipping Inform.					
to	By first Carrier	to	by	to	by	Currency	CHG Code	WT/VAL PP CC	Other PP CC	Decl. Value for Carriage	Decl. Value for Customs
AUH	PC					EUR	P	P	X	NVD	NCV
Airport of Destination ABU DHABI		Requested Flight / Date		Amount of Insurance NIL		INSURANCE - If carrier offers insurance, and such insurance is requested in accordance with conditions thereof, indicate amount to be in figures in box marked "Amount of Insurance".					
Handling Information ARTIKEL 137 UZK - DA - NO TAX FREE!! DE/RA/00255-01 "NOT SECURED CARGO"											
EC-STATUS: X											
No. of Pieces RCP	Gross Weight	kg lb	Rate Class	Commodity Item No.	Chargeable Weight	Rate Charge	Total	Nature and Quantity of Goods (incl. Dimensions of Volume)			
2	48,0	K Q			48,0	4,56	218,88	PERSONAL EFFECTS NOT RESTRICTED 1 X 45 X 47 X 73 1 X 65 X 40 X 40 HS 99050000			
2	48,0						218,88	TOTAL CBM: 0,258			
Prepaid		Weight Charge		Collect		Other Charges					
218,88											
Valuation Charge											
Total other Charges Due Agent											
Total other Charges Due Carrier											
Total prepaid		Total collect									
218,88											
Currency Conversion Rates		CC Charges in Dest. Currency									
For Carrier's Use only at Destination		Charges at Destination		Total Collect Charges							

ORIGINAL 1 (FOR ISSUING CARRIER)

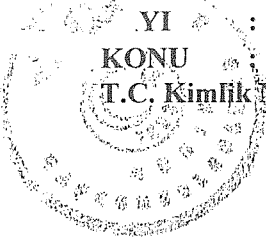
624 MUC 51951815

624 - 51951815

Shipper's Name and Address ZSU GMBH SUBBELRATHER STRASSE 17 50823 KÖLN GERMANY		Shipper's Account Number		Not Negotiable Air Waybill Issued by PEGASUS Hava Taahhüt A.Ş. Aeropark- Osmanlı Bulvarı No:11 Kurtköy 34912Pendik-IstanbulTürkiye											
Consignee's Name and Address TDV ADRES TESLİM MUDANYA -HALİL İBRAHİM ÇAKAN- PH: 00000 BURSA TÜRKİYE		Consignee's Account Number		Copies 1, 2 and 3 of this Air Waybill are originals and have the same validity It is agreed that the goods described herein are accepted in apparent good order and condition (except as noted) for carriage SUBJECT TO THE CONDITIONS OF CONTRACT ON THE REVERSE HEREOF. ALL GOODS MAY BE CARRIED BY ANY OTHER MEANS INCLUDING ROAD OR ANY OTHER CARRIER UNLESS SPECIFIC CONTRARY INSTRUCTIONS ARE GIVEN HEREON BY THE SHIPPER, AND SHIPPER AGREES THAT THE SHIPMENT MAY BE CARRIED VIA INTERMEDIATE STOPPING PLACES WHICH THE CARRIER DEEMS APPROPRIATE. THE SHIPPER'S ATTENTION IS DRAWN TO THE NOTICE CONCERNING CARRIER'S LIMITATION OF LIABILITY. Shipper may increase such limitation of liability by declaring a higher value for carriage and paying a supplemental charge if required.											
Issuing Carrier's Agent Name and City Rhenus Freight Logistics GmbH & Co. KG Im Hülsefeld 25 40721 Hilden		Accounting Information													
Agent's IATA Code 23-4-7086/4012		Account No.													
Airport of Departure (Addr. of First Carrier) and Requested Routing MUNICH															
To	By First Carrier	Routing and Destination		To	By	To	By	Currency	CHGS Code	WT/VALL PPD COLL	Other PPD COLL	Declared Value for Carriage	Declared Value for Customs		
SAW	PC							EUR	X	X	X	NVD	NCV		
Airport of Destination SABIHA GOKCEN AIRP		Flight/Date PC 1020/23		For Carrier Use only		Flight/Date		Amount of Insurance XXX		INSURANCE - If carrier offers insurance, and such an insurance is requested in accordance with the conditions thereof, indicate amount to be insured in figures in box marked "Amount of Insurance".					
Handling Information ONE COFFIN MARKS ADDRESS / LABEL / DOCUMENTS HS CODE:99190000						EU REG.NR.: DE/RA/00243-03 Not Secured									
No. of Pieces RCP	Gross Weight	kg	Rate Class	Chargeable Weight	Rate	Total		SCI STATUS : X Nature and Quantity of Goods (incl. Dimensions or Volume)							
1	106.0	K	M	106.0	455.00	455.00		HUMAN REMAIN OF -HALİL İBRAHİM ÇAKAN- (1) 195x65x45 CMS ECS HS CODES: 99190000							
CHID YOUR WINNING STRATEGY. DE/RA/00228-01 Abdül Hamit Kara 2.2. Aug. 2024 SPX by Time XRY PHS VCK ETD EDD															
1	106.0					455.00									
Prepaid				Weight Charge		Collect		Other Charges							
455.00								HRC 40.00							
Valuation Charge															
Tax															
Total Other Charges Due Agent								Shipper certifies that the particulars on the face hereof are correct and that insofar as any part of the consignment contains dangerous goods, such part is properly described by name and is in proper condition for carriage by air according to the applicable Dangerous Goods Regulations. Rhenus Freight Logistics GmbH & Co. KG							
Total Other Charges Due Carrier				40.00				Signature of Shipper or his Agent							
Total Prepaid				495.00		Total Collect									
Currency Conversion Rates				CC Charges in Dest. Currency				21-08-2024 16:39 HILDEN Florian Schruellkamp							
For Carrier's Use only at Destination				Charges at Destination		Total Collect Charges		Executed on (date) at (place) Signature of Issuing Carrier or its Agent 624 - 51951815 Florian Schruellkamp 90111010.025578							

T.C.
MÜNİH BAŞKONSOLOSLUĞU

21.08.2024



YI : Tereke/410/132501
KONU : HALİL İBRAHİM ÇAKAN hk.
T.C. Kimlik Numarası: 24727475132

T.C.
YETKİLİ GÜMRÜK MÜDÜRLÜĞÜNE
CENAZE NAKİL BELGESİ

Aşağıda kimliği ve ölüm tarihi hakkında gerekli bilgiler verilmiş olan vatandaşımızın cenazesi yurda nakledilmektedir.

ADI ve SOYADI : HALİL İBRAHİM ÇAKAN
DOĞUM YERİ ve TARİHİ : TİRİLYE/25.09.1938
ANNE-BABA ADI : AYŞE/HALİL
ÖLÜM TARİHİ ve YERİ : 16.08.2024/VİLSBİBURG
ÖLÜM SEBEBİ : DOĞAL ÖLÜM
BULAŞICI HASTALIĞI : YOKTUR
GİDECEĞİ YER : TİRİLYE KÖYÜ MUDANYA BURSA
TESLİM EDİLECEK KİŞİ : TDV ARACI VEYA AİLE YAKINLARI
NAKİL GÜNÜ,
VASITASI ve GÜZERGAHI : 22.08.2024-THY-MÜNCHEN-İSTANBUL
CENAZE NAKLİNİ ÜSTLENEN FİRMA : DİTİB ZSU CENAZE FİRMASI

Mevzuat dahilinde gerekli kolaylığın gösterilmesini müsaadelerine saygılarımla rica ederim.

Emre Keleş
Muavin Konsolös

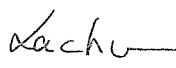
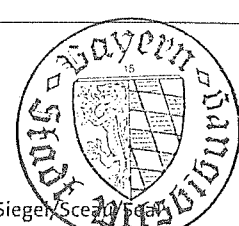


İPTAL EDİLEN U24222742 NUMARALI PASAPORTU TESLİM ALDIM. NÜFUS CÜZDANI İBRAZ EDİLMEMİŞTİR.
FİRMA YETKİLİSİNİN ADI SOYADI/İMZASI:
MUSTAFA KÖROĞLU

Country
Republik Deutschland

Orde
Administration Bürgerbüro Stadt Vilsbiburg
Authority

3
Leichenpass
Carte mortuaire
Corpse transport permit

4	Familiename, Geburtsname Nom de famille, nom de jeune fille/Family name, name at birth	Cakan -----
5	Vornamen Prénoms/Forenames	Halil Ibrahim -----
6	Geschlecht Sexe/Sex	M -----
7	Tag und Ort des Todes Date et lieu du décès/ Date and place of death	Jo Mo An 16 08 2024 Vilsbiburg -----
8	Todesursache ^{1,2} Cause du décès/ Cause of death	natürlicher Tod -----
9	Tag und Ort der Geburt Date et lieu de naissance/Date and place of birth	Jo Mo An 25 09 1938 Tirilye, Türkei -----
10	Beförderungs- mittel Mode de transport/ Means of transport	Leichenkraftwagen und Flugzeug -----
11	Abgangsort Lieu de départ/ Place of dispatch	Vilsbiburg -----
12	Strecke Route/Route	München - Istanbul (Türkei) -----
13	Bestimmungsort Lieu de destination/ Destination	Bursa, Türkei -----
14	Die Beförderung dieser Leiche wurde ordnungsgemäß genehmigt. Alle Behörden der Staaten, durch deren Hoheitsgebiet die Leiche befördert werden muss, werden deshalb gebeten, den Transport ungehindert passieren zu lassen. Étant donné que le transfert du corps est autorisé, toutes les autorités des pays sur le territoire desquels le transport circulera sont priées de le laisser se déplacer librement et de ne pas entraver sa circulation. Permission has been granted for the transport of this corpse. All authorities in the countries/states through which the remains are to be transported are, therefore, requested to allow it to pass freely and unhindered.	
15	Tag und Ort der Ausstellung Date et lieu de délivrance/Date and place of issue	Jo Mo An 21 08 2024 Vilsbiburg I.A. 
Unterschrift/Signature/Signature		

- 1 Die Angabe der Todesursache ist nur zulässig, wenn der Bestattungspflichtige sein Einverständnis erklärt hat; sie ist auch in Englisch und Französisch anzugeben oder im WHO-Zahlencode für die internationale Klassifizierung der Krankheiten.
- 2 Ist die Angabe der Todesursache nicht möglich, so ist auf dem Leichenpass anzugeben, ob die Person eines natürlichen Todes oder an einer nicht ansteckenden Krankheit verstorben ist. Starb die Person an einer ansteckenden Krankheit, so sollte diese Tatsache angegeben werden. Falls die Todesursache aus Gründen der ärztlichen Schweigepflicht nicht offen angegeben werden soll, ist eine ärztliche Bescheinigung mit der Angabe der Todesursache in einem verschlossenen Umschlag beizufügen.

SYMBOLS/ZEICHEN/SYMBOLS/SIMBOLOS/ZYMBOLAA/SIMBOLI/SYMBOLN/SÍMBOLOS/İŞARETLER/SIMBOLII/SUMBOLID/SIMBOLURI

Jo: Jour/Tag/Day/Dia/"Hμέρα/Giorno/Dag/Dia/Gün/Dan/Diena/Päev/Zi

Mo: Mois/Monat/Month/Mes/Mήν/Mese/Maand/Mēs/Ay/Mesec/Ménua/Kuu/Lună

An: Année/Jahr/Year/Año/"Ετος/Anno/Jaar/Ano/Yil/Godina/Metaj/Aasta/An

M: Masculin/Männlich/Masculine/Masculino/Apple/Maschile/Mannelijk/Masculino/Erkek/Muški/Vyras/Mees/Masculin

F: Féminin/Weiblich/Feminine/Femenino/Θήλυ/Feminile/Vrouwelijk/Feminino/Kadın/Ženski/Moteris/Naine/ Feminin

1	Staat/Estado/Κράτος/Stato/Staat/Estado/Devlet/Država/Państwo/Valstybė/Riik/Statul
2	Behörde/Autoridad/Αρχή/Autoritá/Overheidsinstantie/Autoridade/Resmi makam/Vlast/Urząd/Istaiga/Ametiasutus/Autoritatea
3	Leichenpass/Pasaporte para cadáver/Άδεια μεταφοράς σωρού/Passaporte mortuario/Lijkepas/Autorização de transporte de cadáver/Ölü Geciş İzni/ Mrtvački pasoš/Zezwolenie na przewóz zwłok/Lavono pasas/Laibapass/Bilet de însoțire a cadavrlui
4	Familienname, Geburtsname/Apellidos, apellidos de soltera(o)/Επώνυμο, πατρικό επώνυμο/Cognome, cognome di nascita/Achternaam, geboorte-naam/ Apelido, nome de solteira/Soyadı, Doğum soyadı/Prezime rođeno ime/Nazwisko, nazwisko rodowe/Pavardė, pavardė pagal gimimo liudijimą/Perekonnanimi, sünnijärgne perekonnanimi/Numele, numele la naștere
5	Vornamen/Nombre propio/Όνόματα/Prenomi/Voornamen/Nome próprio/Adi/Ime/Imiona/Vardai/Eesnimed/Prenumele
6	Geschlecht/Σexo/Φύλον/Sesso/Geslacht/Σexo/Cinsiyeti/Pol/Pleć/Lytis/Sugu/Sex
7	Tag und Ort des Todes/Fecha y lugar de la defunción/Χρονολογία και τόπος θανάτου/Data e luogo della morte/Datum en plaats van overlijden/Data e lugar do óbito/Ölüm tarihi ve yeri/Datum i mjesto smrti/Data i mjejsce zgonu/Mirties data ir vieta/Surmaaeg ja -koht/Data și locul decesului
8	Todesursache/Causa de la defunción/αίτια θανάτου/Causa della morte/Doodsoorzaak/Causa da morte/Ölüm nedeni/Uzrok smrti/Przyczyna zgonu/ Mirties priežastis/Surma põhjus/Cauza decesului
9	Tag und Ort der Geburt/Fecha y lugar de nacimiento/Χρονολογία και τόπος γεννήσεως/Data e luogo di nascita/Geboortedatum en -plaats/Data e lugar do nascimento/Doğum yeri ve tarihi/Datum i mesto rođenja/Data i mjejsce urođenja/Gimimo data ir vieta/Sünniaeg ja -koht/Data și locul nașterii
10	Beförderungsmittel/Medio de transporte/Μέσο μεταφοράς/Mezzo di trasporto impiegato/Transportmiddel/Meio de transporte/Nakil vasıtasi/Prijevozno sredstvo/Środek transportu/Transportavimo priemonė/Transportimisviis/Mijloc de transport
11	Abgangsort/Lugar de salida/Τόπος εκκινήσεως/Luogo di partenza/Plaats van vertrek/Lugar de expedición/Gönderildiği yer/Mjesto polaska/Miejsce wywozu/Išvežimo vieta/Lähtekoht/Punctul de plecare
12	Strecke/Trayecto/μέσω/Percorso/Route/Trajecto/Yol/Udaljenost/Trasa przewozu/Maršrutas/Teekond/Ruta
13	Bestimmungsort/Lugar de destino/ακριβή τόπο προορισμού/luogo di destinazione/Plaats van bestemming/Lugar de destino/Gideceği yer/Odredište/ Miejsce przeznaczenia/Atvežimo vieta/Sihtkoht/Punctul de sosire
14	Die Beförderung dieser Leiche wurde ordnungsgemäß genehmigt. Alle Behörden der Staaten, durch deren Hoheitsgebiet die Leiche befördert werden muss, werden deshalb gebeten, den Transport ungehindert passieren zu lassen./El transporte de este cadáver fue autorizado reglamentariamente. Por lo tanto, se ruega a todas las autoridades dejar transitar el cadáver sin impedimentos por sus respectivos territorios de jurisdicción./Δεδομένου ότι για την μεταφορά της παρούσης σωρού έχει χορηγηθεί άδεια, παρακαλούνται οι Αρχές των χωρών επί του εδάφους των οποίων θα πραγματοποιηθεί η μεταφορά να την επιτρέψουν ακωλύτως και ελευθέρως./Il trasporto di questo cadavere è stato regolarmente autorizzato. Tutte le autorità degli stati attraverso i quali il cadavere viene trasportato sono dunque pregate di non ostacolare in alcun modo il transito della salma./Er is voor het vervoer van dit lijk volgens voorschrift vergunning verleend. Alle overheidsinstanties van de staten door wier grondgebied het lijk vervoerd dient te worden, worden daarom verzocht het transport ongehinderd te laten passeren./Como este transporte de cadáver está autorizado, solicita-se a todas as autoridades oficiais dos países por cujo território o transporte deverá ser efectuado que o deixem passar livremente./Bu cesedin nakline usuller çerçevesinde izin verilmiştir. Cesedin nakliyatının geçmesi gereken ülkelerin bütün resmi makamlarından nakliyatın yapılmasına engel çıkartılmaması rica olunur./Prijevoz ovog mrtvaca je uredno odobren. Stoga se svi organi vlasti zemalja, preko čijeg područja se mora prevesti mrtvac, mole, da odobre nesmetani prijevoz./Na przewóz tych zwłok wydano pozwolenie zgodnie z przepisami. Dlatego prosi się wszystkie urzędy państw, przez których terytorium zwłoki będą musiały być przewiezione, o umożliwienie bezproblemowego transportu./Šio lavono pervežimui buvo suteiktas leidimas. Prašome visų valstybių įstaigas, per kurių teritorijas bus transportuojamas lavonas, netrukdyti šio lavono pervežimui./Surnukeha transportimise kohta on väljastatud nõuetekohane luba. Nende riikide, mille territooriumil surnukeha transporditakse, kõiki ametiasutusi palutakse transportimist mitte takistada./Transportul acestui cadavru a fost autorizat. De aceea, toate autoritățile statelor pe teritoriul cărora se desfășoară transportul sunt rugate să permită trecerea liberă a acestuia.
15	Tag und Ort der Ausstellung, Unterschrift, Siegel/Fecha y lugar de expedición, firma, sello/Χρονολογία και τόπος εκδόσεως, υπογραφή, σφραγίδα/Data e luogo del rilascio, firma, bollo/Datum en plaats van afgifte, handtekening, zegel/Data e lugar de emissão, assinatura, selo/Veriliş tarihi ve yeri, imza, Mühür/Datum i mjesto izdavanja, potpis, pečat/Data i mjejsce wystawienia, podpis, pieczęć/Išdavimo data, parašas, antspaudas/Väljastamise päev ja koht, allkiri, pītser/Ziua și locul emiterii, semnătura, ștampilă

Dieser Leichenpass ist nach den Bedingungen des europäischen Übereinkommens für die Überführung von Leichen, insbesondere der Art. 3 und 5 (vgl. den folgenden Auszug) ausgestellt und entspricht dem Internationalen Abkommen über die Leichenbeförderung (Berliner Abkommen vom 10. Februar 1937, RGBl. II, S. 199).

Europäisches Übereinkommen über die Überführung von Leichen (Auszug)

Artikel 3

1. Jeder Leiche muss während der Überführung ein besonderes Dokument (*Leichenpass*) beigegeben werden, die von der zuständigen Behörde des Absenderstaates ausgestellt wird.
2. Der Pass muss wenigstens die in dem als Anlage zu diesem Übereinkommen beigegebenen Muster aufgeführten Angaben enthalten; er ist in der Amtssprache oder einer der Amtssprachen des Ausstellungsstaates und in einer der Amtssprachen des Europarates abzufassen.

Artikel 5

Der Pass wird von der zuständigen Behörde, auf die in Artikel 8 dieses Übereinkommens Bezug genommen wird, ausgestellt, nachdem sie sich vergewissert hat:

- a) dass alle ärztlichen, gesundheits- und verwaltungsmäßigen sowie rechtlichen Forderungen der in dem Absendestaat gültigen Regelungen betreffend die Leichenbeförderung und – wenn angebracht – die Beisetzung und die Ausgrabung erfüllt worden sind;
- b) dass die Überreste in einen Sarg gelegt worden sind, der die in Artikel 6 und 7 dieses Übereinkommens aufgestellten Forderungen erfüllt;
- c) dass der Sarg nur die Überreste der in dem Pass genannten Person und solche persönlichen Gegenstände enthält, die mit der Leiche beigegeben oder eingesichert werden sollen.

European Agreement on the Transfer of Corpses (excerpt)

Article 3

1. Any corpse shall, during the transfer, be accompanied by a special document (*laissez-passer* for a corpse) issued by the competent authority of the state of departure.
2. The laissez-passer shall include at least the information set out in the model annexed to the present agreement; it shall be made out in the official language or one of the official languages of the state in which it was issued and in one of the official languages of the Council of Europe.

Article 5

The laissez-passer is issued by the competent authority referred to in article 8 of this agreement, after it has ascertained that:

- a) all the medical, health, administrative and legal requirements of the regulations in force in the state of departure relating to the transfer of the corpses and, where appropriate, burial and exhumation have been complied with;
- b) the remains have been placed in a coffin which complies with the requirements laid down in articles 6 and 7 of this agreement;
- c) the coffin only contains the remains of the person named in the laissez-passer and such personal effects as are to be buried or cremated with the corpse.

