|  |  |  |
| --- | --- | --- |
| **Identification data** | Name, surname, personal identity code of **the customer** |  |
|  |
| Name, surname, personal identity code of **the authorised[[1]](#footnote-1)** **person** |  |
|  |
| Name, surname, personal identity code of **the payer[[2]](#footnote-2)** |  |
|  |
| **Contact details** | E-mail address |  |
| Telephone number  |  |
| Address |  |
| E-delivery mailbox (E-delivery) | [ ]  Mailbox activated. [ ] Mailbox not activated. |

To the State Enterprise Centre of Registers

APPLICATION

FOR PROVISION OF DATA FROM THE REGISTER OF WILLS

(Date)

(Place)

1. I hereby apply for the provision of data from the Register of Wills and issuance of an excerpt (from the up-to-date Register database).
2. Criteria for searching the Register data (*choose one of the search criteria*):

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ] Identification code of the will in the Register of Wills |  |  |  |  |  |  |  |  |  |  |  |  |

or

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  Identification code of the fact of acceptance of the succession in the Register of Wills |  |  |  |  |  |  |  |  |  |  |  |  |

or

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  Identification code of the fact of waiver of the succession in the Register of Wills |  |  |  |  |  |  |  |  |  |  |  |  |

or

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  Identification code of the fact in the Register of Wills regarding submission of the application for acceptance of the succession to the notary other than in the place of opening the succession  |  |  |  |  |  |  |  |  |  |  |  |  |

or

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  Identification code of the fact in the Register of Wills regarding submission of the application for waiver of the succession to the notary other than in the place of opening the succession |  |  |  |  |  |  |  |  |  |  |  |  |

or

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  Personal identity code of the testator and/or the deceased  |  |  |  |  |  |  |  |  |  |  |  |

or

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [ ]  Date of birth, name and surname of the testator and/or the deceased *(to be completed in cases where the person is not registered in the Population Register of the Republic of Lithuania)* | Date of birth |  |  |  |  | - |  |  | - |  |  |
| Name |  |
| Surname |  |

1. **Legal basis for the use of data:** Points 65-67 and 71 of the Regulations of the Register of Wills.
2. **Purpose of using the Register data** *(specify the legitimate and defined purpose of the Register data use)*:

5. The application shall be accompanied by the following documents:

|  |  |
| --- | --- |
|  **No.**  | **Title of document** |
| 1. |  |
| 2. |  |
| 3. |  |
| **6. I request the** **prepared documents**: |
| [ ]  To be **e-mailed**  |  |
| [ ]  To be delivered via the **E-delivery** system.  | If E-delivery mailbox is activated[[3]](#footnote-3). |
| [ ]  To be sent by **mail** |  |
| [ ]  I will pick it up in person at the following unit of the State Enterprise Centre of Registers**:** | [Select or enter.] |
| **7. I guarantee payment for the service provided**: |
|

|  |
| --- |
| [ ]  Use the available balance (*if any*). |
| [ ]  E-mail invoice for payment to (*specify*) |  |

 |

**Consent to the processing of personal data for the purposes of improving the quality of customer service and performance efficiency[[4]](#footnote-4):**

[ ]  I agree that the Centre of Registers contacts me for the purposes of improving the quality of customer service and performance efficiency using the e-mail address and/or telephone number indicated in this application. I know I have the right to withdraw this consent at any time by submitting a written application addressed to the Centre of Registers, Studentu str. 39, 08106 Vilnius, which I can deliver in person or signed with an e-signature by e-mail info@registrucentras.lt. I know that the withdrawal of consent does not affect the lawfulness of the personal data processing based on the consent before its withdrawal.

[ ]  I do not agree that the Centre of Registers contacts me using the e-mail address and/or telephone number.

|  |  |
| --- | --- |
|  |  |
|  *(Name, surname) (Signature)* |

1. To be filled in when the application is submitted by an authorised person. [↑](#footnote-ref-1)
2. Fill in when the payer is another person, not the customer. [↑](#footnote-ref-2)
3. If, during the sending of documents, it turns out that the E-delivery mailbox is not active, the documents will be sent by e-mail. [↑](#footnote-ref-3)
4. By giving your consent, you provide your personal data to the Centre of Registers. You can read the rules for processing of personal data at the State Enterprise Centre of Registers at Asmens duomenų apsauga. [↑](#footnote-ref-4)