



## POWER OF ATTORNEY

I hereby authorize the funeral home Diaspora Funeral SH.P.K. for the transfer/burial  
of the

Deceased: \_\_\_\_\_

Born on the: \_\_\_\_\_

Born in: \_\_\_\_\_

Died on: \_\_\_\_\_

To complete all necessary formalities with authorities, offices and embassies or consulates.

1. I hereby assign all claims for death benefits from the professional association, social welfare  
offices and other insurance companies to the undertaker named above.

2. As the client, I hereby undertake to cover the entire funeral costs for the above-mentioned death:

Agreed price: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Living in: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

3. With my signature, I agree to the processing of my data to the extent explained overleaf and have  
taken note of the privacy policy

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature