

# AMERYKAŃSKIE AKTY STANU CYWILNEGO

ciekawostki i zagwozдки

dr Magdalena Perdek  
Wydział Anglistyki, UAM  
[mperdek@amu.edu.pl](mailto:mperdek@amu.edu.pl)

# Format

## Polskie akty USC

- jednolite, ustandaryzowane formularze
- takie same informacje bez względu na województwo
- łatwe do tłumaczenia i wyceny 😊



NP

Rzeczpospolita Polska

USC/OZ/1

AA 0000000



Województwo  
Urząd Stanu Cywilnego

Oznaczenie aktu:

Data sporządzenia:

Miejsce sporządzenia:

## Odpis zupełny aktu urodzenia

### 1. Dane dziecka

Imię pierwsze

Imię drugie

Imiona kolejne

Nazwisko

Płeć

Data urodzenia

Miejsce urodzenia

Kraj urodzenia

### 2. Dane rodziców

Ojciec

Matka

Imię (imiona)

Nazwisko

Nazwisko rodowe

Data urodzenia

Miejsce urodzenia

### 3. Imię i nazwisko osoby, która zgłosiła urodzenie

Imię

Nazwisko

### 4. Imię i nazwisko biegłego, jeżeli brał udział w czynności

Imię

Nazwisko

### 5. Imię i nazwisko tłumacza, jeżeli brał udział w czynności

Wszystkie  
formularze  
polskich aktów  
USC są dostępne  
online

■ Akty USC PL

## Amerykańskie dokumenty

ponad 50 różnych wzorców –  
każdy stan i każde terytorium  
zależne ma swoje formularze

różnice co do formatu i treści

trudniej je wycenić na podstawie  
oryginału (np. akt mał. IN – 10 str;  
akt mał. zupełny PL – 2,7 str.)

# Pochodzenie dokumentów

Arizona

Kalifornia

Illinois

Massachusetts

Missouri

Indiana

Rhode Island

New York

Oklahoma



# ARIZONA (AKT MAŁŻEŃSTWA)

## Record Of Marriage

STATE OF ARIZONA

Clerk of the Superior Court

COUNTY OF MARICOPA

NICOLE MICHELE JOHNSON / 30

Name/Age of Bride

and

MICHAEL FRED PHELPS 2ND / 30

Name/Age of Groom

were united in marriage in Paradise Valley, Arizona, according to the laws of the State of Arizona

on this 13<sup>th</sup> of June, 2016

Day Month Year

Signature of First Witness

Signature of NICOLE MICHELE JOHNSON

Signature of Second Witness

Signature of MICHAEL FRED PHELPS 2ND

Peter S. Carlisle

Person Performing Ceremony (please print)

Signature of Person Performing Ceremony

Pursuant to A.R.S 25-128, the person performing the ceremony must within 30 days, forward the bottom portion (Record of Marriage) for official recording to:

Clerk of the Superior Court  
601 W. Jackson Street, Phoenix, AZ 85003



License# \* 686736

24

License to marry expires if not used by: June 9, 2017





LICENSE TO MARRY EXPIRES IF NOT USED BY August 16, 2017

### Marriage License

You are hereby authorized to join in marriage  
CHRISTIAN LYN MCCLARTY  
Name of Bride  
Age: 31  
and  
BRYCE CHRISTOPHER RODRIGUEZ  
Name of Groom  
Age: 25

and certify the same and return to this office according to law  
If used my hand and official seal  
the 14th day of August, 2016

MICHAEL K. JEANES  
Clerk of the Superior Court  
of the State of Arizona  
in and for the County of Maricopa

By *Michael K. Jeanes*  
Paper Clerk



### Certificate Of Marriage

CHRISTIAN LYN MCCLARTY  
Name of Bride

and BRYCE CHRISTOPHER RODRIGUEZ  
Name of Groom

were united in marriage in Arizona, according to the laws of the State of Arizona

on this \_\_\_\_\_ day of \_\_\_\_\_, 2016

Signature of First Witness

Signature of CHRISTIAN LYN MCCLARTY

Signature of Second Witness

Signature of BRYCE CHRISTOPHER RODRIGUEZ

License# \* 692000

Signature of Person Performing Ceremony

### Record Of Marriage

NOTE OF CERTIFICATION

CHRISTIAN LYN MCCLARTY / 31

Name/Age of Bride

BRYCE CHRISTOPHER RODRIGUEZ / 25

Name/Age of Groom

were united in marriage in Arizona, according to the laws of the State of Arizona

on this \_\_\_\_\_ day of \_\_\_\_\_, 2016

Signature of First Witness

Signature of CHRISTIAN LYN MCCLARTY

Signature of Second Witness

Signature of BRYCE CHRISTOPHER RODRIGUEZ

Person Performing Ceremony (please print)

Signature of Person Performing Ceremony



License# \* 692000

Printed on 5.8 x 8.5 inch, the person performing the ceremony must return this document to the office of the Clerk of the Superior Court of the State of Arizona.

Clerk of the Superior Court

600 W. Indian Street, Phoenix, AZ 85001

28 License to marry expires August 16, 2017



Arizona  
(akt małżeństwa)

- Marriage License
- Marriage Certificate
- Record of Marriage

????

Akt małżeństwa

Odpis aktu małżeństwa

Potwierdzenie rejestracji związku małżeńskiego / małżeństwa

Certyfikat rejestracji związku małżeńskiego

Pursuant to A.R.S. 25-128, the person performing the ceremony must, within 30 days, forward the **bottom portion (Record of Marriage)** for **official recording** to:

Clerk of the Superior Court  
601 W. Jackson Street; Phoenix, AZ 85003

24

License to marry expires if not used by: April 29, 2014

Zgodnie z prawem stanu Arizona A.R.S 25-128, osoba udzielająca ślubu jest zobowiązana w ciągu 30 dni przesłać dolny odcinek dokumentu [*record of marriage*] do sekretarza sądu rejonowego na adres 601 W. Jackson street, Phoenix, AZ 85003, aby został oficjalnie/formalnie zarejestrowany.

---

# Indiana

(akt małżeństwa)

Christopher M. N. narrow  
Clerk of Allen County Court and ex-officio  
Clerk of Allen Superior Court  
Allen County, Indiana Pages: 1

Attest:

This instrument is a true and complete copy  
of the record on file in this office.

(Clerk's signature and seal) (Initials)

IC 31-7-9-1. Furnishing false information upon applying for license. A  
person who knowingly furnishes false information to a clerk of the circuit  
court when the person applies for a marriage license under IC 31-7-3 commits  
a Class D felony.

## APPLICATION FOR MARRIAGE LICENSE

Allen County  
State of Indiana

APPLICATION DATE:

Female Applicant > 50 No ☐ Yes ☐  
If No, Medical Examination or Report Dated

Name of Physician:

MALE APPLICANT				FEMALE APPLICANT			
Name	First	Middle	Last	Name	First	Middle	Last
Date of Birth	Month	Day	Year	Date of Birth	Month	Day	Year
Place of Birth (State or foreign country)				Place of Birth (State or foreign country)			
Residence Address Street or R.R. City County State				Residence Address Street or R.R. City County State			
Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages				Previous Marital Status: Never Married <input checked="" type="checkbox"/> OR No. of Previous Marriages			
Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date:				Last Marriage Ended By: Death <input type="checkbox"/> Divorce <input type="checkbox"/> Annulment <input type="checkbox"/> Date:			
Date of Birth Verified By: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Other:				Date of Birth Verified By: <input type="checkbox"/> Birth Certificate <input checked="" type="checkbox"/> Driver's License <input type="checkbox"/> Other:			

1. Are you now or have you ever been  
adjudged to be mentally incompetent?  
If answer is "yes", has the  
adjudication been removed? No ☒ Yes ☐
2. Are you related to the female applicant  
closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an  
alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a  
narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children:

6. FATHER - Full name of applicant's birth father:

OR Adoptive father's full name:

Last Known Residence (If deceased, so state):

Birthplace (State or foreign country):

MOTHER - Full maiden name of applicant's birth mother:

OR Adoptive mother's full maiden name:

Last Known Residence (If deceased, so state):

Birthplace (State or foreign country):

1. Are you now or have you ever been  
adjudged to be mentally incompetent?  
If answer is "yes", has the  
adjudication been removed? No ☒ Yes ☐
2. Are you related to the male applicant  
closer than second cousin? No ☒ Yes ☐
3. Are you now under the influence of an  
alcoholic beverage? No ☒ Yes ☐
4. Are you now under the influence of a  
narcotic drug? No ☒ Yes ☐
5. List the full names of any dependent children:

6. FATHER - Full name of applicant's birth father:

OR Adoptive father's full name:

Last Known Residence (If deceased, so state):

Birthplace (State or foreign country):

MOTHER - Full maiden name of applicant's birth mother:

OR Adoptive mother's full maiden name:

Last Known Residence (If deceased, so state):

Birthplace (State or foreign country):

# Indiana (akt małżeństwa)

Christopher M. Nancarrow  
Clerk of Allen County Court and ex-officio  
Clerk of Allen Superior Court  
Allen County, Indiana

Pages: 1

## APPLICATION FOR MARRIAGE LICENSE

Attest:

Female Applicant > 50 No ☐ Yes ☐

If No, Medical Examination or Report Dated \_\_\_\_\_


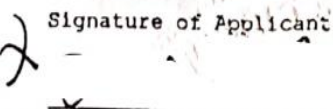

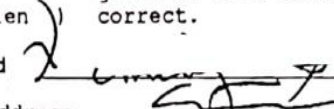

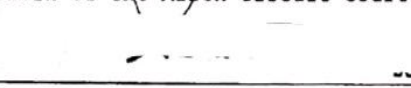
Name of Physician: \_\_\_\_\_

1. Are you now or have you ever been adjudged to be mentally incompetent?  
If answer is "yes", has the adjudication been removed?  
No ☒ Yes ☐  
No ☒ Yes ☐
2. Are you related to the female applicant closer than second cousin?  
No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage?  
No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug?  
No ☒ Yes ☐
5. List the full names of any dependent children:

1. Are you now or have you ever been adjudged to be mentally incompetent?  
If answer is "yes", has the adjudication been removed?  
No ☒ Yes ☐  
No ☒ Yes ☐
2. Are you related to the male applicant closer than second cousin?  
No ☒ Yes ☐
3. Are you now under the influence of an alcoholic beverage?  
No ☒ Yes ☐
4. Are you now under the influence of a narcotic drug?  
No ☒ Yes ☐
5. List the full names of any dependent children:



# Indiana (akt małżeństwa)

MALE APPLICANT - ACKNOWLEDGEMENT	FEMALE APPLICANT - ACKNOWLEDGEMENT
<p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Date: JUL 31 2009 Signature of Applicant: </p>	<p>I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome).</p> <p>Date: JUL 31 2009 Signature of Applicant: </p>
<p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of religious beliefs.</p> <p>Date: Clerk of the Allen Circuit Court:</p>	<p>The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgement because of religious beliefs.</p> <p>Date: Clerk of the Allen Circuit Court:</p>
<p>State of Indiana ) I swear/affirm that the information County of Allen ) given in this application is true and correct.</p> <p>Signed  New Address SAME AS ABOVE</p> <p>Subscribed and sworn to before me.</p>	<p>State of Indiana ) I swear/affirm that the information County of Allen ) given in this application is true and correct.</p> <p>Signed  New Address</p> <p>Subscribed and sworn to before me.</p>
<p>Date: JUL 31 2009 Clerk of the Allen Circuit Court: </p>	<p>Date: JUL 31 2009 Clerk of the Allen Circuit Court: </p>
<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary:</p>	<p>CONSENT OF PARENTS, PARENT, OR GUARDIAN We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs, state facts which make the consent of the other parent unnecessary:</p>

# Indiana (akt małżeństwa)

## RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that a marriage license was issued by the Clerk of the Circuit Court of Allen County, Indiana.

I further certify that the following marriage certificate was filed in my office: I, \_\_\_\_\_,  
certify that on \_\_\_\_\_ (date), at \_\_\_\_\_ in \_\_\_\_\_ County, Indiana,  
\_\_\_\_\_ of \_\_\_\_\_ County, \_\_\_\_\_ (state), and  
\_\_\_\_\_ of \_\_\_\_\_ County, \_\_\_\_\_ (state) were  
married by me as authorized under a marriage license issued by the Clerk of the Circuit Court of Allen County, Indiana,  
dated \_\_\_\_\_. Signed by: \_\_\_\_\_ (official designation).

Filed and recorded in accordance with the laws of the State of Indiana on \_\_\_\_\_ (date).



MASSACHUSETTS  
(AKT MAŁŻEŃSTWA)

**CERTIFICATE OF VITAL RECORD**  
VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW  
**The Commonwealth of Massachusetts**  
DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

**CERTIFICATE OF MARRIAGE**  
This certificate must be delivered to the person before whom the marriage is to be contracted before he proceeds to solemnize the same

1 Place of Marriage  
City or Town (Do not enter name of village or section of city or town)  
2 Date of Marriage (Month) (Day) (Year)  
Intention No.

3 FULL NAME GROOM  
12 FULL NAME BRIDE  
3A SURNAME AFTER MARRIAGE  
12A SURNAME AFTER MARRIAGE  
4 DATE OF BIRTH 5 OCCUPATION  
13 DATE OF BIRTH 14 OCCUPATION  
6 RESIDENCE (NO. & ST. CITY/TOWN ST. ZIP CODE)  
15 RESIDENCE (NO. & ST. CITY/TOWN ST. ZIP CODE)  
7 NUMBER OF MARRIAGE (1st, 2nd, 3rd, etc.) 8 WIDOWED OR DIVORCED  
16 NUMBER OF MARRIAGE (1st, 2nd, 3rd, etc.) 1st 17 WIDOWED OR DIVORCED  
9 BIRTHPLACE (City or town) (State or country)  
18 BIRTHPLACE (City or town) (State or country)  
10 MAIDEN NAME OF MOTHER  
19 MAIDEN NAME OF MOTHER  
11 NAME OF FATHER  
20 NAME OF FATHER

21 THE INTENTION OF MARRIAGE by the above-mentioned persons was duly entered by me in the records of the Community of according to law, this day of 19  
COURT WAIVER Issued (Month) (Day) (Year) by (City or Town Clerk or Registrar)  
AGE ORDER (Month) (Day) (Year)

22 I HEREBY CERTIFY that I joined the above-named persons in marriage at No. (If marriage was solemnized in a church, give its NAME instead of street and number)  
(Name of city or town) on (Month) (Day) (Year)  
Signature (Print or type name) Official station (Minister of the Gospel, Clergyman, Priest, Rabbi, or Justice of the Peace)  
Residence No. St., City or Town of

23 Certificate recorded by city or town clerk (Month) (Day) (Year) CLERK OR REGISTRAR

2020  
Karin A. Barrett  
Registrar of Vital Records and Statistics  
I, the above signed, hereby certify that I am the Registrar of Vital Records and Statistics; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records.  
IT IS ILLEGAL TO ALTER OR REPRODUCE THIS DOCUMENT IN ANY MANNER

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED



# Massachusetts (akt urodzenia)

**CERTIFICATE OF VITAL RECORD**  
VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

**The Commonwealth of Massachusetts**  
DEPARTMENT OF PUBLIC HEALTH  
REGISTRY OF VITAL RECORDS AND STATISTICS

125M FORM R-3 1/83 172515

**STANDARD CERTIFICATE OF LIVE BIRTH**

**2 NAME**  
FIRST MIDDLE LAST

**3 SEX** Male **4 THIS BIRTH SINGLE, TWIN ETC. SPECIFY** Single **4a IF NOT SINGLE, BORN FIRST, SECOND, ETC. SPECIFY ORDER OF BIRTH** **5 DATE** Dec 2:12P M. **5a** MONTH DAY YEAR

**6 FULL NAME** FIRST MIDDLE LAST

**7 BIRTHPLACE** CITY OR TOWN STATE OR COUNTRY

**8 AGE AT TIME OF THIS BIRTH**

**9a FATHER'S OCCUPATION** **9b MOTHER'S OCCUPATION**

**10 FULL NAME** FIRST MIDDLE MAIDEN LAST

**11 BIRTHPLACE** CITY OR TOWN STATE OR COUNTRY

**12 AGE AT TIME OF THIS BIRTH**

**13 RESIDENCE** NO. STREET CITY OR TOWN STATE ZIP CODE (DO NOT USE MAILING ADDRESS)

**CERTIFICATIONS**

**14 CERTIFIER**  
☒ M.D./D.O. - ATTENDANT AT BIRTH  
☐ ATTENDANT - IF OTHER THAN M.D./D.O.  
(Signature, Physician or other attendant)  
(Print or type name, Chapter 48, Acts of 1959)  
(Address)

**15 INFORMANT**  
I certify that the information appearing above is true and correct  
(Signature)  
(Relationship) (Date)  
(Present mailing address if different from Item # 13)

**16 REC'D IN CLERK'S OFFICE** 1983 **17 SUPPLEMENT FILED** **18** , 2020  
CLERK OR REGISTRAR

**Karin A. Barrett**  
Registrar of Vital Records and Statistics

I, the above signed, hereby certify that I am the Registrar of Vital Records and Statistics; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records.

IT IS ILLEGAL TO ALTER OR REPRODUCE THIS DOCUMENT IN ANY MANNER

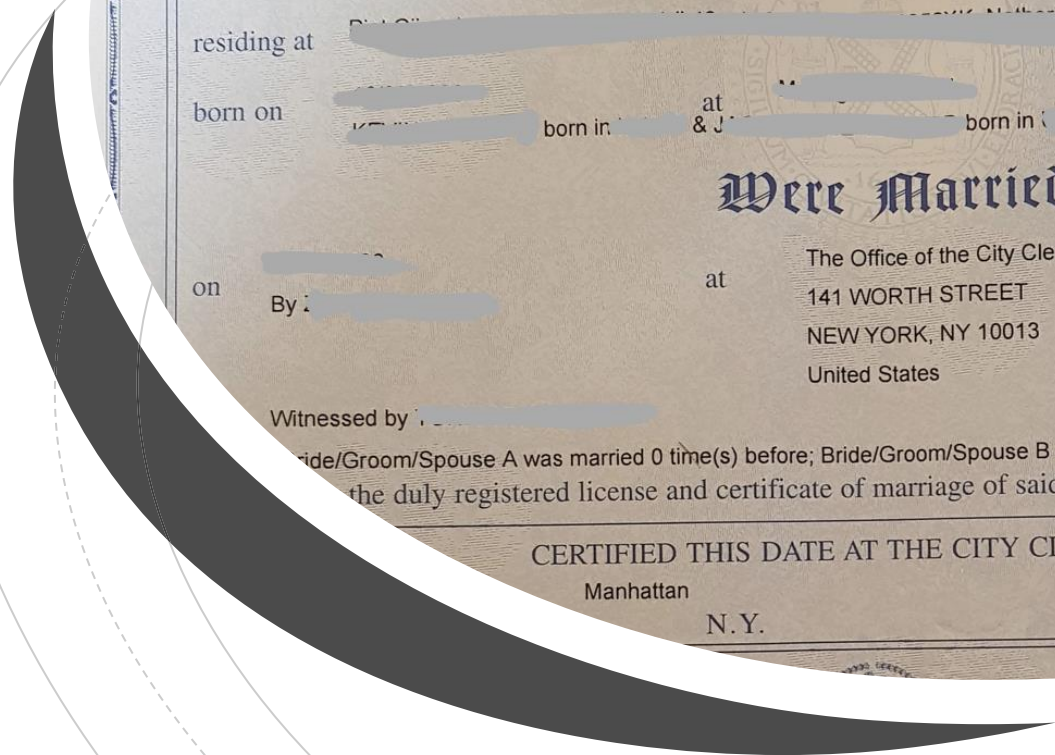


# MISSOURI (AKT URODZENIA)

MISSOURI			
BIRTH CERTIFICATION			
DATE FILED:		STATE FILE NUMBER:	
CHILD'S NAME:			
DATE OF BIRTH:		COUNTY OF BIRTH: ST LOUIS CITY	SEX: MALE
MOTHER'S MAIDEN NAME:			
MOTHER'S AGE:		MOTHER'S STATE OF BIRTH:	
FATHER'S NAME:			
FATHER'S AGE:		FATHER'S STATE OF BIRTH:	
ISSUED ON BEHALF OF MO DEPT HEALTH & SENIOR SERVICES: ST LOUIS CITY			
THIS IS A TRUE CERTIFICATION OF NAME AND BIRTH FACTS AS RECORDED BY THE BUREAU OF VITAL RECORDS, JEFFERSON CITY, MISSOURI.			
DATE ISSUED:		2020	Kenneth J. Palermo Kenneth J. Palermo State Registrar
THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW. ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.			



Nowy Jork  
(akt małżeństwa)



# Nowy Jork (akt małżeństwa)




Subdiv. 4, Section 14-a, Domestic Relations Law of the  
State of New York:

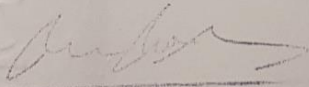
A copy of the record of marriage registration when properly certified by the city and town clerks or their duly authorized deputies, as herein provided, shall be prima facie evidence of the facts therein stated and in all actions, proceedings or applications, judicial, administrative or otherwise and any such certificate of registration of marriage shall be accepted with the same force and effect with respect to the facts therein stated as the original certificate of marriage or certified copy thereof.

Subdiv. 2, Section 11-a, Domestic Relations Law of the  
State of New York:

The signature and seal of said clerk of cities of the first class of over one million inhabitants upon the marriage license, certificate of marriage registration, and marriage search provided by this article may be a printed facsimile.

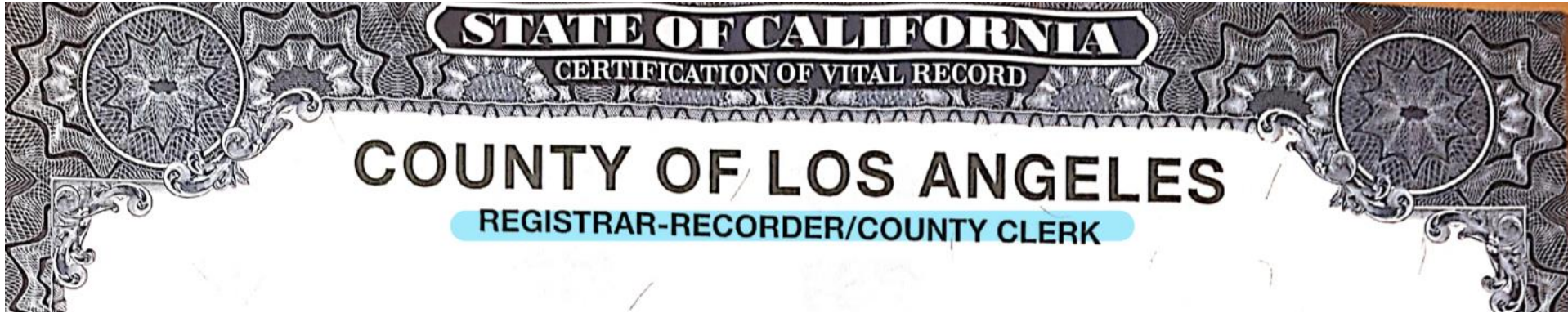
STATE OF NEW YORK, CITY OF NEW YORK ss.:  
I, MICHAEL J. BARRY, City Clerk and Clerk of the Council of the City of New York do hereby certify that I have compared this copy with the original filed in my office and that it is a true and correct copy thereof.  
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal.

  
City Clerk and Clerk of the Council  
of the City of New York

*Dame's  
River*


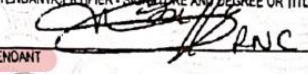
DAMARIS RIVERA  
ACTING CITY CLERK



Kalifornia (akt urodzenia)

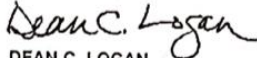


# Kalifornia (akt urodzenia)

STATE FILE NUMBER		CERTIFICATE OF LIVE BIRTH STATE OF CALIFORNIA USE BLACK INK ONLY		LOCAL REGISTRATION NUMBER	
THIS CHILD	1A NAME OF CHILD - FIRST	1B MIDDLE	1C LAST		
	2 SEX <b>FEMALE</b>	3A THIS BIRTH, SINGLE, TWIN, ETC <b>SINGLE</b>	3B IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC -	4A DATE OF BIRTH - MM/DD/YYYY <b>07/06/2017</b>	4B HOUR - 24 HOUR CLOCK TIME <b>0319</b>
PLACE OF BIRTH	5A PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY <b>HEALTH CTR</b>		5B STREET ADDRESS - STREET AND NUMBER, OR LOCATION		
	5C CITY <b>SANTA MONICA</b>		5D COUNTY <b>LOS ANGELES</b>		
NAME OF PARENT	6A NAME OF PARENT - FIRST	6B MIDDLE	6C LAST - BIRTH NAME	6D <input type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	7 BIRTHPLACE - STATE/COUNTRY <b>MO</b>
	8A NAME OF PARENT - FIRST	8B MIDDLE	8C LAST - BIRTH NAME	8D <input checked="" type="checkbox"/> MOTHER <input checked="" type="checkbox"/> FATHER <input type="checkbox"/> PARENT	9 BIRTHPLACE - STATE/COUNTRY <b>IN</b>
INFORMANT AND BIRTH CERTIFICATION	I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE		12A PARENT OR OTHER INFORMANT - SIGNATURE 		10 DATE OF BIRTH C
	I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR, AND PLACE STATED		13A ATTENDANT/CERTIFIER - SIGNATURE AND DEGREE OR TITLE  <b>RNC</b>		11 DATE OF BIRTH C
	13D TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		13B LICENSE NUMBER		12C DATE SIGNED C
			14 TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT		13C DATE SIGNED
LOCAL REGISTRATION	15A DATE OF DEATH - MM/DD/YYYY	15B STATE FILE NO. - STATE USE ONLY	16 LOCAL REGISTRAR - SIGNATURE		17 DATE ACCEPTED FOR REGISTRATION - MM/DD/YYYY



This is to certify that this document is a true copy of the official record filed with the Registrar-Recorder/County Clerk.

  
DEAN C. LOGAN  
Registrar-Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying the seal and signature of the Registrar-Recorder/County Clerk.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



CAL 05ANG02

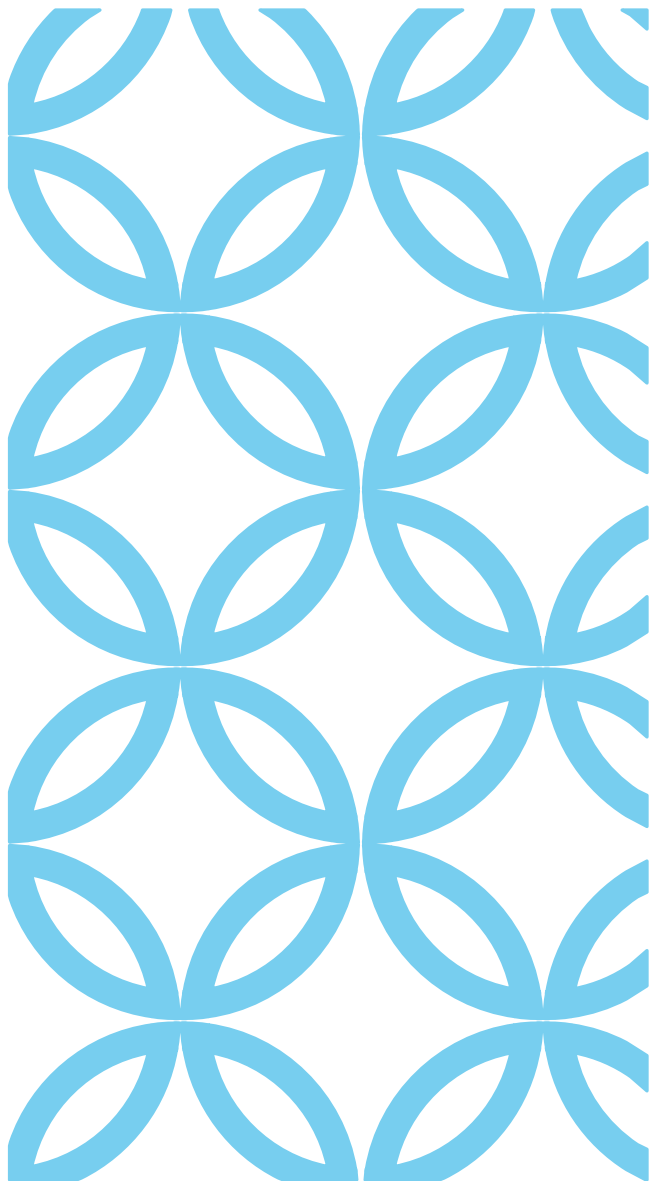
## KILKA UWAG/SUGESTII

Akty USC ze Stanów  
Zjednoczonych tylko i  
wyłącznie w oryginale

Nie zapominać o  
rewersie dokumentu 😊  
- znajdują się tam  
często bardzo  
specyficzne  
zabezpieczenia

Wycenę tłumaczenia na  
język polski lepiej  
zaproponować w  
przybliżeniu (tekstu  
docelowego wychodzi  
czasem 2x lub 3x  
więcej stron  
rozliczeniowych niż  
jesteśmy w stanie)

Mimo podobnych  
treści, sporządzenie  
wzorca jest utrudnione  
ze względu na datę  
wydania dokumentu  
(format i treść mogą  
być diametralnie różne)



Kontakt: [mperdek@amu.edu.pl](mailto:mperdek@amu.edu.pl)

---

**DZIĘKUJĘ ZA UWAGĘ**