

Visitor's pass



First name

Last name

Phone number

Home address

Country postcode

Date / time of visit

Event

- I hereby certify that I am knowingly currently symptom-free with regard to COVID-19.

If you have had contact with a person who tested positive for COVID-19 within the last 14 days, please contact us: info@berlinerdom.de, (030) 202 69 – 152 or directly on site.

Date

Signature