



REGISTER: _____
RECEIPT: _____

Order: _____

(TO BE FILLED OUT IN CAPITAL LETTERS AND IN LEGIBLE HANDWRITING)

Dear Mr(s) President:

Name _____

Civil Status: _____, _____ years old, born in _____ (day) _____ (month) _____ (year)

ID / CC /PASS / RP NO. _____, NIF: _____, born in _____

Parish of _____, Municipality of _____

District of _____, Nationality _____

Job/occupation: _____

Son/daughter of _____

And of _____

Resident in this parish for _____ years, or _____ months, at the place of _____

Address _____

_____ Postal Code _____ - _____

Requests that it be certified that _____

For the purpose of _____

Telephone number: _____

E-mail: _____

The undersigned affirms that the information provided is true and assumes complete and entire responsibility for all penalties and expenses that the interested party may incur, when the information in this document is false.

VOTER NO. _____ Carcavelos/Parede, _____ (day) _____ (month) 20 _____

Signature: _____

The undersigned assume full responsibility for the veracity of the statements made, confirming that the applicant has resided at the address in question for _____ months/years, because _____ (I am his/her friend, neighbour, acquaintance, employer, co-worker, etc;)

IMPORTANT: Anyone who falsely attests to this statement will be punished under the terms of the Criminal Law, without prejudice to other penalties and responsibilities to which he is subject by the Law.

Name _____ ID / CC/RP _____

Address _____ Census Office _____

Signature _____

Name _____ ID / CC/RP _____

Address _____ Census Office _____

Signature _____