FORMULÁRIO DE REQUERIMENTO DE CESTA BÁSICA

IDENTIFICAÇÃO DO(A) ADVOGADO E AUTO DECLARAÇÃO DE RENDA

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | **NOME** |  | | | | | | | | | **GÊNERO** | |  | | | | | |  |
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|  | **CPF** |  |  | | | | | | | | **ESTADO CIVIL** | |  | | | | | |  |
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|  | **NASCIMENTO** |  | | | | | | | | | **OAB** | |  | | | | | |  |
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|  | **ENDEREÇO** |  | | | | | | **NÚMERO** | |  | | | **COMP** | | |  | | |  |
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|  | **CEP** |  | | | **CIDADE** | | |  | | | | | **ESTADO** | | |  | | |  |
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|  | **TELEFONE** |  | | | **CELULAR 1** | | |  | | | **CELULAR 2** | |  | | | | | |  |
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|  | **EMAIL** |  | | | | | | | | | | | | | | | | |  |
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|  | **RENDA FAMILIAR** |  | | | | **Nº DE MEMBROS FAMILIARES** | | | | |  | | | | | | | |  |
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|  | **RENDA INDIVIDUAL** |  | | | | **RECEBE BENEFÍCIO ASSISTENCIAL** | | | | |  | | | | | | | |  |
|  |  |  |  |  | |  |  | | | | |  | | |  | |  | | |  | |
|  | **QUAL?** |  | | | | | | | | | | | | | | | | |  |
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Santos, \_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/2021.

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Assinatura