**Ilmo. Sr. Presidente do Conselho Regional de Farmácia do Estado de Pernambuco.**

Protocolo Nº\_\_\_\_\_\_\_\_\_\_\_

Data\_\_\_/\_\_\_/\_\_\_\_

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**Venho requerer a Cédula de Identidade Profissional nos termos da Resolução CFF 428/2004.**

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| Naturalidade: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | UF: |  |  |

1 - Solteiro(a) | 2 - Casado(a) | 3 - Divorciado(a) | 4 - Desquitado(a) | 5 - Viúvo(a) | 6 - União Estável | 7 – Outros | 8 - Não Informado

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| Estado Civil: |  |

Filiação:

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| Data Conclusão do Curso: |  |  | / |  |  | / |  |  |  |  |

Instituição de Ensino

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 Carteira de Identidade

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| RG: |  |  |  |  |  |  |  |  |  |  |  |  |  |  Emissor: |  |  |  |  |  |  |  |  |  | UF: |  |  |

Título de Eleitor

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| Grupo Sangüíneo: |  |  |  | Fator Rh: |  |  1 – Positivo / 2 - Negativo | Doador de órgãos: |  |  1 – Sim / 2 - Não |

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| Endereço Residencial: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Complemento: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| Celular: | ( | ) |  |  |  |  | - |  |  |  |  | F.Comercial: | ( | ) |  |  |  |  | - |  |  |  |  |

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| E-mail: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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Impressão digital do dedo polegar Pousada exatamente dentro do campo com tinta preta

Foto 3 X 4 recente com fundo branco

Dados biométricos (**Preencher presencialmente no ato da solicitação**)

Assinatura da Carteira

Assinar no espaço delimitado, com caneta preta ou azul de ponta grossa.

As informações prestadas pelo profissional deverão ser completas, exatas, precisas e verdadeiras, e este assume o compromisso de atualizar seus dados sempre que houver alguma alteração, bem como toda e qualquer responsabilidade relativa às informações prestadas. Os profissionais garantem e respondem, em qualquer caso, pela veracidade, exatidão e autenticidade dos dados informados.

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 Local Data Assinatura