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| **AVERBAMENTO DE ALVARÁ** | | | | | | | | | | | | | | | | | | | | | | |
| A preencher pelos serviços | ENTRADA N.º: | | | | | | |  | | | |  | | | | | | EXMO SENHOR  PRESIDENTE DA CÂMARA MUNICIPAL DE ARMAMAR | | | | |
| REQUERIMENTO N.º: | | | | | | |  | | | |
| DATA: | | | | | | |  | | | |
| PROCESSO N.º: | | | | | | |  | | | |
| O GESTOR PROCº | | | | | | |  | | | |
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| **IDENTIFICAÇÃO DO REQUERENTE:** | | | | | | | | | | | | | | | | | | | | | | |
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| CONTRIBUINTE OU PESSOA COLETIVA N.: | | | | | | | | | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
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| NOME OU DENOMINAÇÃO: | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | |
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| DOMICÍLIO OU SEDE: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | |
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| CÓD. POSTAL: | | \_\_\_\_ | | | | - | \_\_\_\_ | |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | FREGUESIA: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | CONCELHO: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| TELEFONE/TELEMÓVEL: | | | | \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | FAX: | | |  | | E-MAIL: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
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| NOME DO REPRESENTANTE DA PESSOA COLETIVA: | | | | | | | | | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| AUTORIZO O ENVIO DE NOTIFICAÇÃÇÕES, NO DECORRER DESTE PROCESSO PARA ENDEREÇO ELETRÓNICO ACIMA INDICADO | | | | | | | | | | | | | | | | | | | | | | |
| NA QUALIDADE DE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
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| **PEDIDO:** | | | | | | | | | | | | | | | | | | | | | | |
| Requer o averbamento ao Alvará de sepultura/jazigo nº \_\_\_\_\_\_\_, no cemitério de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Para o nome de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, cartão de cidadão nº \_\_\_\_\_\_\_\_\_\_\_\_\_  com validade \_\_\_\_/\_\_\_\_/\_\_\_\_\_, NIF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residente em \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  freguesia de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, concelho de \_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | | | | | | | | | | | | | | | | | | | | | |
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| **INSTRUÇÃO DO PEDIDO:** | | | | | | | | | | | | | | | | | | | | | | |
| Juntam-se os elementos seguintes, assinalados com  :  Cartão de Cidadão/BI do próprio e de todos os familiares  Alvará Original  Certidão de óbito dos familiares  Outras informações consideradas relevantes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |

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| **DATA E ASSINATURA:** | | | | |
| Pede deferimento, | | | | |
| Armamar, | / / |  | | |
| O requerente ou representante: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| **VERIFICAÇÃO** (a preencher pelos serviços): | | | |
| Verifiquei a apresentação dos elementos assinalados com  no presente requerimento. | | | |
| Armamar, | / / | O funcionário: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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