



## REGISTRATION OF ADULTS WITH THE LIBRARY SERVICE

Declaration substituting certification (D.P.R. 445 of 28.12.2000, art. 46)

I, the undersigned surname (for married women please	e give maiden name) name	
Surriame (for married women please		
□ FEMALE □ MALE □ OTHER		
aware that the provision of false or inexact information in documents may lead to the application of the legal		
penalties stated in art. 76 of D.P.R. of 28.12.2000, no. 445 and that should the untruthful content of the declaration come to light during checks, any benefits resulting from provisions made on the basis of the inexact		
declaration come to light during check declaration may be forfeited,	cks, any benefits resulting from provis	sions made on the basis of the inexact
declare		
I was born in	on (dd/mm/yy	vo()
i was boill iii	on (dd/mm/yy)	yy)
I am officially resident in :		
via / piazza / district		n o
CAP code mu	ınicipality	
·	· · ·	
other address if relevant (domicile	e)	
via / piazza / district		
CAP code mu	inicipality	
Talanhana		
Telephone		
E-mail @		
That my professional status is:		
1. Employed □ 2. Looking for new job □		
3. Looking for first job ☐ 4. Doing national service (or civil alternative) ☐		
5. Housewife	☐ 6. Student (incl. school stud	· · · · · · · · · · · · · · · · · · ·
7. Unable to work	□ 8. Retired (pensioner)	
9. Other (e.g. pre-school child)		
That I have the following educational	l qualifications	
	high school leaving certificate	□ degree
□ middle school cert. □ further education diploma □ post-graduate qualification		
legible signature		
Arco,	iogiaio oigilata	. •
The user is informed, according	ing to artt. 13 e 14 of the Regulation UE	2016/679, that the personal data provided
will also be handled using computer technology and for purposes relating to the activities of the library, respecting		
the regulations in force, as established in the attached information.		
		tration is valid for an unlimited period and
		entino Library System, according to the
	ned, and to access to the Internet serv	
I wish to be informed of library	initiatives by E-mail	yes no
For office use		
Identity document	1	
Identity card	no	Place and date of issue
Driving licence	no	
Passport	no	
SBT_card no.		
□ first card		
□ duplicate		
The librarian		