



Arciconfraternita di Sant'Antonio di Padova

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ARCICONFRATERNITA DEL SANTO APPLICATION FORM

To the attention of the Father Rector

(please send completed and signed)

SURNAME,NAME	
PLACE OF BIRTH	
DATE OF BIRTH	
ADDRESS	
street, civic number	
postal code, city	
nationality	
phone	
mobile	
E-mail	
BIOGRAPHY:	
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I profess the catholic religion and I promise to respect the statutes and regulations.

I enclose a certificate of morality signed by my catholic Pastor.

Date, _____

Signature _____