The undersigned Mr./Mrs. _____

Born on ___/___/___ in _____

Residing in _____ Province _____

Road _____ No. _____ Postcode _____

Type of document _____ No. _____

Issued by _____ on _____

Fiscal Code _____

aware of the sanctions indicated in the Italian Penal Code regarding false declarations and the special laws on "falsification of documents" and "forgery", as well as the loss of any benefits obtained on the basis of false documentation,

DECLARES

to have paternal authority and as such the right to obtain a copy of the following health document/s:

☐ laboratory analysis/diagnostic survey results carried out on ___ /___/ ___

☐ true copy of the case history for hospitalization from ___ /___/ ___ to ___ /___/ ___ in the _____ department

☐ true copy of Day Hospital/Day Surgery hospitalization on ___ /___/ ___

☐ true copy of Acceptance at Emergency Department on ___ /___/ ___

of the minor:

Name _____ Surname _____

Born on ___/___/___ in _____

Date ___/___/___

Signature of applicant

_____

N.B. WHEN COLLECTING THE DOCUMENT/S
PLEASE ALWAYS PRESENT A VALID IDENTIFICATION DOCUMENT

DA COMPILARE A CURA DEL PERSONALE INCARICATO AL RILASCIO
È stata verificata la corrispondenza tra gli estremi dichiarati e i documenti esibiti dal delegato
Cognome e nome _____ firma _____

INGLESE - ENGLISH