# DECLARAÇÃO DE ESTADO CIVIL

Eu, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

portador do CPF nº.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, residente e domiciliado(a) na \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, bairro \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cidade \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, declaro sob as penas da Lei ao \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(unidade de ensino)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ que meu estado civil é \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_de\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_de\_\_\_\_\_\_\_\_\_\_.

Assinatura do(a) Declarante

Testemunhas:

Assinatura da testemunha Assinatura da testemunha

Nome: Nome:

CPF: CPF: