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| **DEPENDENCIA Y/O GRUPO SOLICITANTE:** |  |
| **FECHA DE TRÁMITE:** |  |

**TIPO DE SOLICITUD**

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| **PERSONA** |  |  | **DECLARACIÓN** |  |  | **MARCAR DECLARACIÓN DUPLICADA** |  |

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| **CÓDIGO SIPOD** |  |

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| **DATOS DE LA DECLARACIÓN A MARCAR/DEPURAR** | | | | | | | | | | |
| FECHA DECLARACIÓN |  | | | | | | | | | |
| LUGAR DECLARACIÓN |  | | | | | | | | | |
| DECLARANTE |  | | | | | | | | | |
| TIPO DE DOCUMENTO | C.C |  | R.C |  | T.I |  | INDOCUMENTADO |  | OTRO : |
| NÚMERO DOCUMENTO |  | | | | | | | | | |

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| **DATOS DE LA(S) PERSONA(S) A DEPURAR** | | | | | |
| **ID PERSONA** | **ID REG** | **NOMBRES Y APELLIDOS** | **T. DOC** | **NÚMERO** | **ESTADO EN SIPOD** |
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**DESCRIPCIÓN DEL CASO**

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| **ENCARGADO DEL PROCEDIMIENTO**  **NOMBRE:** |  | **FUNCIONARIO QUE REALIZA LA CORRECCIÓN**  **NOMBRE:**  **Cargo:** |