A. IDENTIFICATION OF THE AP	PLICANT	
. Full name		
. ID card/Passport n.º	Issued on	
. Address		5.: To be filled in if you wish to receive the document in an address other than the one mentioned on 3.
í. Phone n.º	E-mail address	other than the one mentioned on 3.
5. Postal address (where the apostilled	document should be retu	rned)
3. DATA RELATED TO DOCUMEN	JT(S)	2.: Body/service having delivered the document to be apostilled, indication of that document's number and date when it was issued.
L. Destination country		when it was issued.
-	he apostilled (issuing	body, document number, issuance date)
e.g. 3 rd Register Office in Lisbon		
Certificate n. ° xxx; Issued or		
Certificate II. * xxx, issued of	100/00/0000	
3. Document(s) description: e.g. Birth	n Certificate n. º xxx of Jo	ião Francisco
		3.: Short summary of the document
		content.
FIELD C. For identification of the person w presents the document to Prosecutor General's Off (<i>Procuradoria-Geral da República</i>).	the	
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