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| DECLARAÇÃO DE BENSÓRGÃO: HEMOAMSERVIDOR: CARGO:

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Manaus, \_\_\_\_ de \_\_\_\_\_\_\_\_\_ de \_\_\_\_\_\_\_.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Assinatura do Declarante   |