



REGIONE DEL VENETO  
AZIENDA OSPEDALE – UNIVERSITA' PADOVA  
DIREZIONE MEDICA OSPEDALIERA  
**SERVIZIO CARTELLE CLINICHE**  
(HEALTH MEDICAL RECORD)

**SUBSTITUTIVE DECLARATION - LEGAL HEIR CERTIFICATE.**  
(Article 46-47 of Presidential Decree N. 445/2000)

THE UNDERSIGNED .....

BORN ON .....IN.....PROV.....

RESIDENT IN .....ZIP CODE.....PROV.....

Via .....N.....

Aware of the penal sanctions applicable in the event of untruthful declarations and false documents, as referred to in  
ARTICLE 76 of the same Presidential Decree 445 / 2000

**DECLARES:**

TO BE THE LEGITIMATE HEIR AS .....

OF .....

BORN ON.....IN.....PROV.....

RESIDENT IN .....ZIP CODE.....PROV.....

VIA .....N.....

DIED IN .....ON.....

THE DECLARANT

.....

SIGNATURE OF THE OPERATOR AT THE DESK

.....

DATE ...../...../.....

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