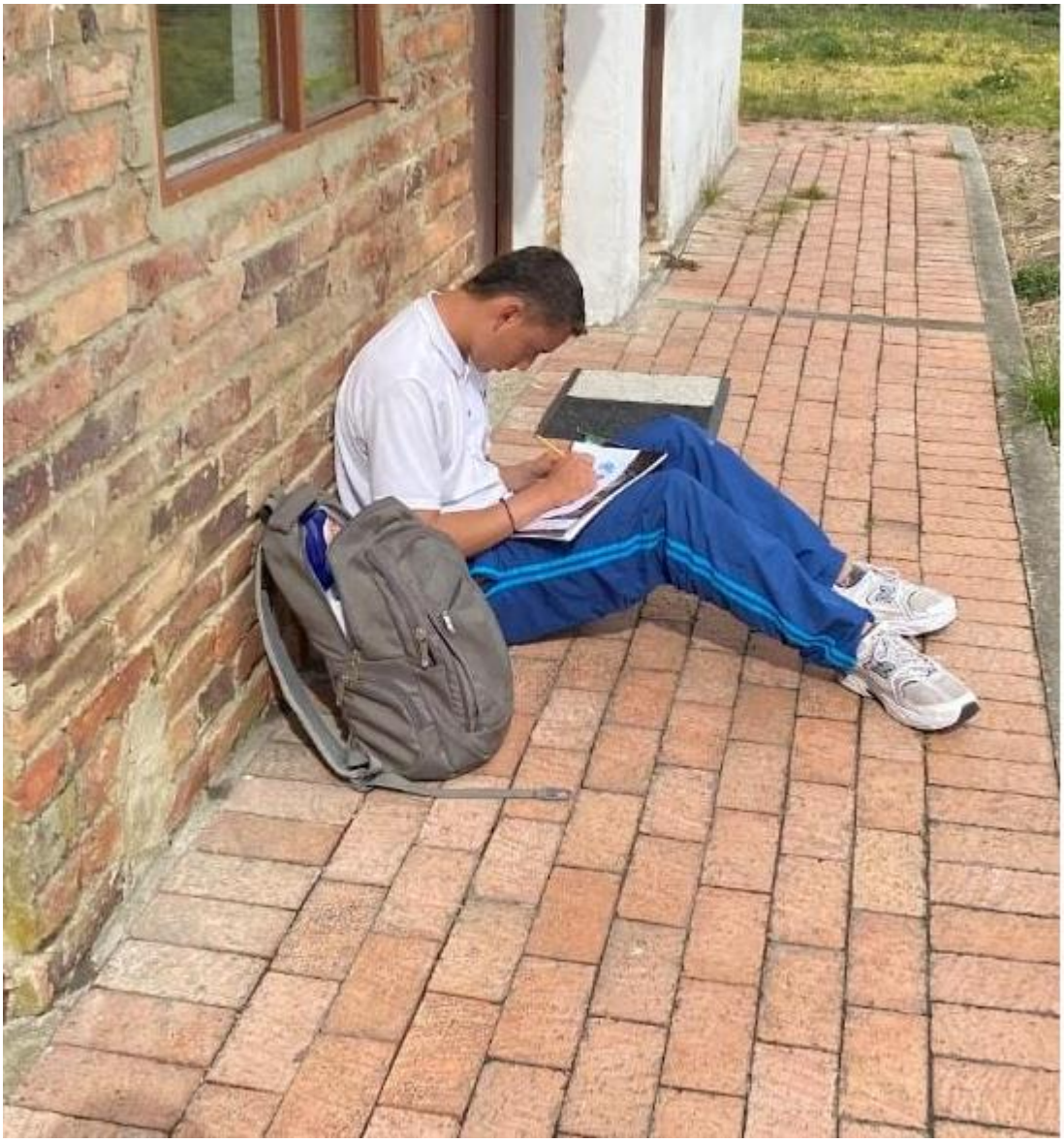
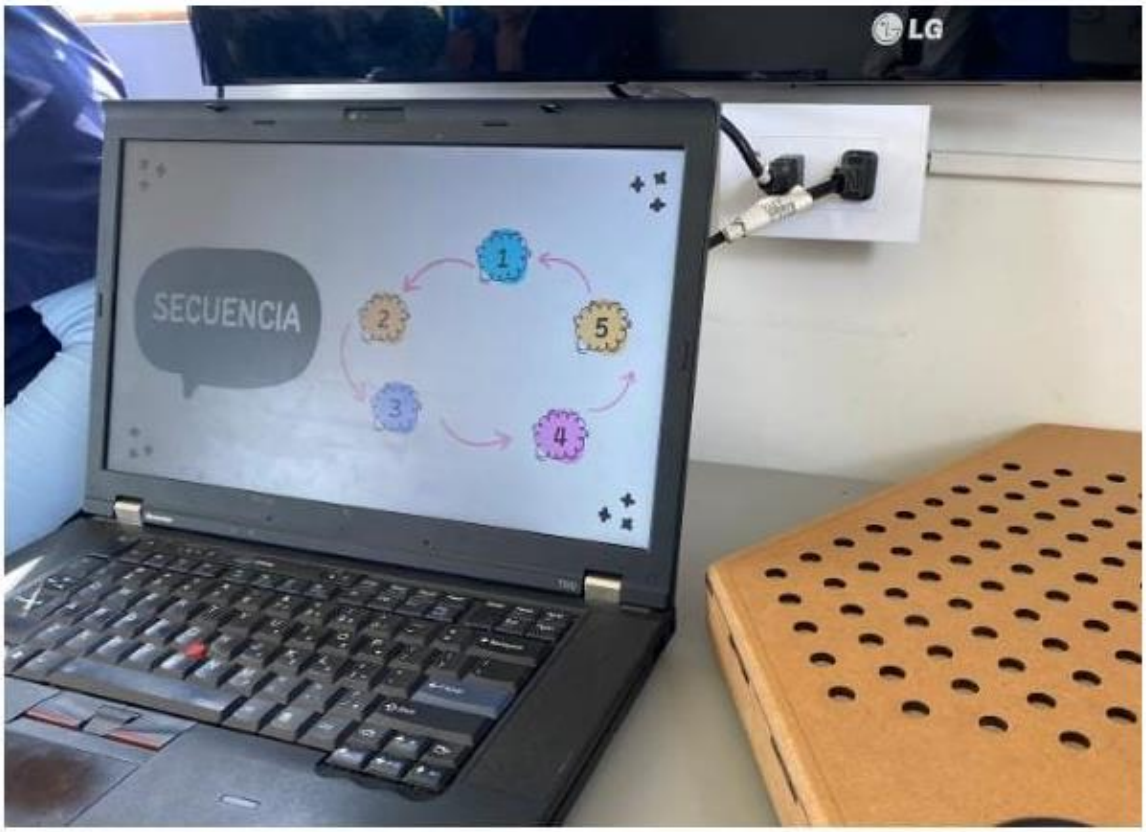
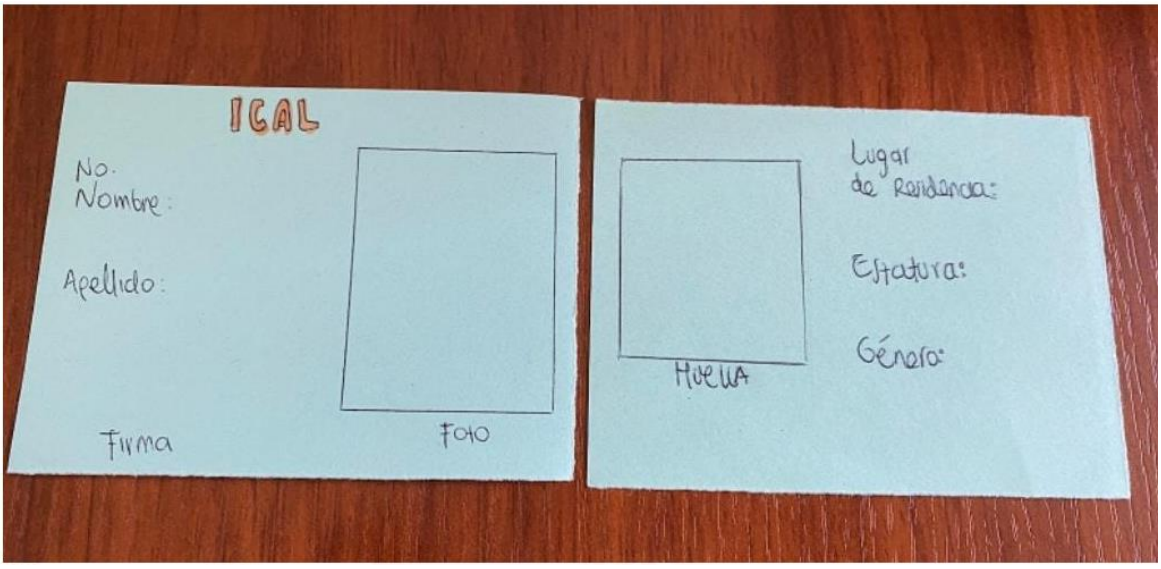
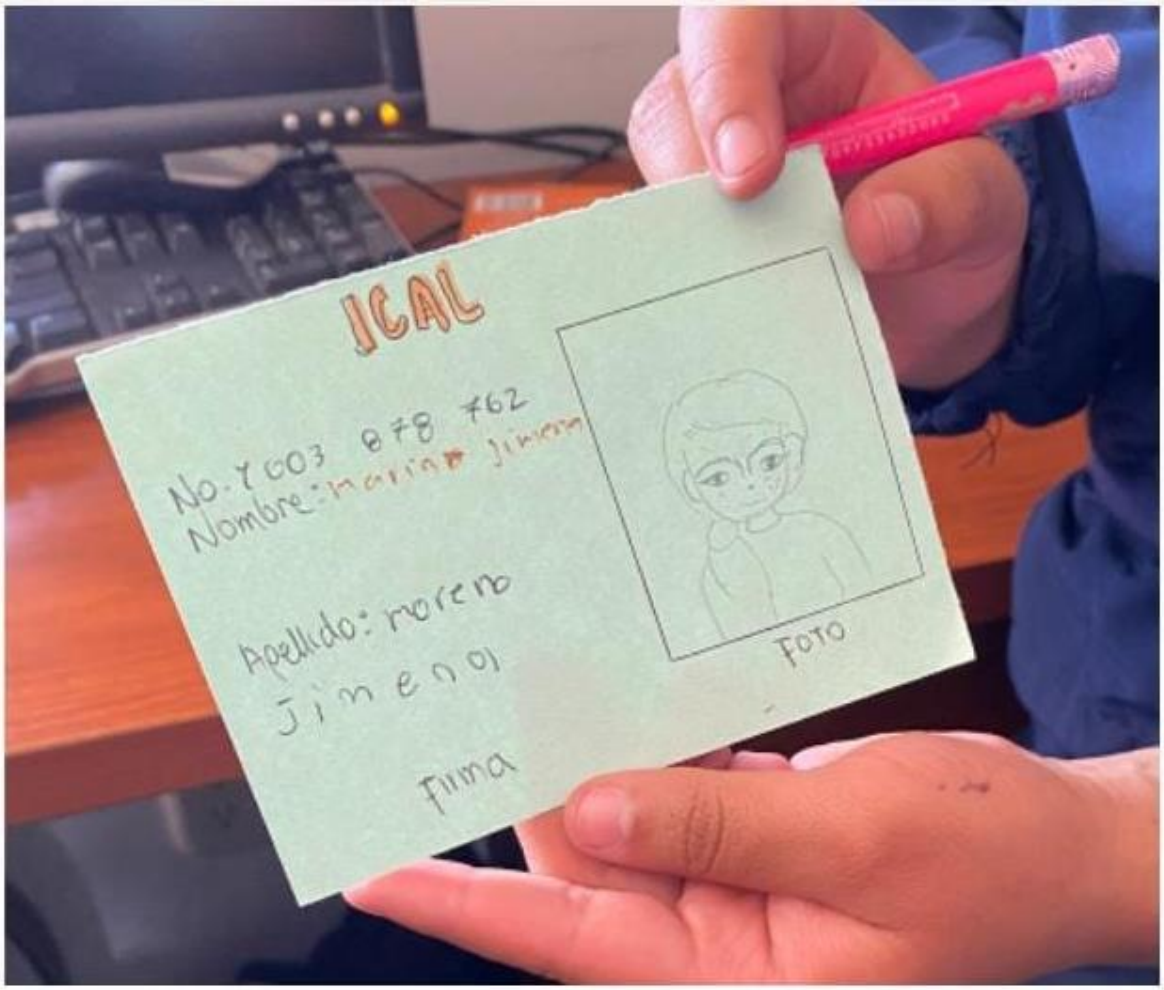



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ICAL
No.
Nombre:
Apellido:
Firma
Foto
Huella
Lugar de Residencia:
Estatura:
Género:


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