**Solicitud de registro**

**para el procedimiento de selección de las y los Presidentes y Consejeros Electorales que integrarán los Consejos Distritales y Municipales Electorales que se instalarán para el Proceso Electoral 2017-2018**

**en el Estado de Sinaloa.**



 Fotografía

**Identificación de la o el aspirante**

|  |  |  |  |  |
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|  |  |  |  |  |
|  | **Apellido paterno** |  | **Apellido materno** | **Nombre (s)** |  |

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| Edad: |   | Años cumplidos | Sexo: | Hombre |   |   | Mujer |   |
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| Clave de elector: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Lugar de nacimiento: |  |
|  |  | Ciudad o localidad, seguido del Estado |

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| Domicilio actual |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Calle, avenida, calzada, etc.: |    |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Colonia o localidad: |   | No. |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Municipio y Estado: |   |

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| C. P. |  |  |  |  |  | Correo electrónico: |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Teléfono particular: Lada: |  |  |  |  |  |  |   |   |   | Número: |   |   |   |   |   |   |   |
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| Teléfono adicional: Lada: |  |  |  |  |  |  |   |   |   | Número: |  |  |  |  |  |  |  |
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| Teléfono celular:  |   |   |   |   |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |

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Solicito ser considerado (a) como aspirante a ocupar el cargo de:

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| Presidente (a) |  | Consejero (a) Electoral |  | Cualquiera de los dos cargos |  |

conforme a las bases publicadas en la Convocatoria.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Sinaloa a \_\_\_\_\_ de \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ de 2017.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Firma de la o el aspirante