**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 2020-2021 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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| Fecha de nacimiento: | dd/mm/aaa | Sexo: | Hombre |   |   | Mujer |   |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Pertenece a comunidad indígena | Sí |   |  | No |   |  |  |  |  |   |
|   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
| Clave de elector: |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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| Sección |   |   |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |
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| Lugar de nacimiento: |   |
|   |   | Ciudad o localidad, seguido del Estado |

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

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| C. P. |   |   |   |   |   | Correo electrónico: |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Teléfono Particular: |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |
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| Teléfono Adicional:  |  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |   |   |
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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 2020.

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Firma de la o el aspirante