

SOC SERVIZI AI CITTADINI \_\_\_\_\_

Presidio \_\_\_\_\_

Telefono \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**- APPLICATION FOR THE STP CODE GUARANTEEING ACCESS TO HEALTHCARE FOR FOREIGN CITIZENS WHO DO NOT COMPLY WITH THE LAWS ON ENTRANCE AND RESIDENCE IN ITALY**

Name and surname \_\_\_\_\_

citizenship \_\_\_\_\_ place of birth \_\_\_\_\_

date of birth \_\_\_\_\_ sex \_\_\_\_\_ phone number \_\_\_\_\_

city of residence \_\_\_\_\_

address \_\_\_\_\_ n. \_\_\_\_\_

aware of the fines provided for in art. 76 of the Presidential Decree 445, dated 28/12/2000, in case of false declarations and documents

I DECLARE

under my own responsibility, that I live with the following family members:

FAMILY RELATIONSHIP	SURNAME	NAME	DATE OF BIRTH
Spouse			
Son/daughter			
Son/daughter			
Son/daughter			

and I ASK

for the document guaranteeing access to healthcare for foreign citizens who do not comply with the laws on residence.

Date

Signature of the applicant

\_\_\_\_\_

\_\_\_\_\_