

N-1b

NOVICE PERSONAL FORM:

NOVITIATE:

DISTRCT:

FAMILY NAME	
FIRST NAME	
NATIONALITY	
DATE OF BIRTH	
PLACE OF BIRTH	
FATHER'S NAME	
MOTHER'S NAME	
FORMATION	
SPOKEN LANGUAGES	

Photo

"I authorize the Institute of the Brothers of the Christian Schools to collect, conserve, consult and cancel these personal data on any digital or paper support, so that they may be used for statistical and historical archiving purposes, as well as for the fulfillment of the purposes proper to the Institute".

Signature : _____ Place: _____ Date: / /
day / month / year

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