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| **FULL NAME / NOMBRE COMPLETO** |  | **BIRTH DATE/**  **FECHA DE**  **NACIMIENTO** | **RELIGION/ RELIGION** | **BAPTISM/**  **BAUTISMO** | **COMMUNION/**  **COMUNION** | **CONFIRMATION/**  **CONFIRMACION** | **OCCUPATION/**  **EMPLEO** |
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**SPECIAL NEEDS / NECESIDAD ESPECIAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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