**FORMATO DE ATENCIÓN INDIGENA**

**COMISIÓN ESTATAL INDÍGENA**

FECHA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hoja de control No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I.- DATOS DEL SOLICITANTE:**

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DOMICILIO:

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GRUPO INDÍGENA AL QUE PERTENECE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COMUNIDAD Y/O EJIDO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ESTADO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DOCUMENTACIÓN CON QUE SE IDENTIFICA:**

( ) IFE FOLIO

( ) COMPROBANTE DE DOMICILIO

( ) CONSTANCIA DE PERTENENCIA A UN PUEBLO INDÍGENA

( ) ACTA DE NACIMIENTO

( ) CURP

( ) OTRO:

**II.- TIPO DE TRÁMITE:**

( ) ASESORÍA JURÍDICA.

( ) TRAMITE PARA EL TRASLADO DE CUERPO, PACIENTE

( ) GESTIÓN PARA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

( ) OTRO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BREVE EXPLICACIÓN DEL CASO:**

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**ACUERDO (S):**

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**OBSERVACIÓN (S):**

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**FIRMA DEL SOLICITANTE NOMBRE Y FIRMA DEL SERVIDOR PÚBLICO**

**QUE ATENDIO**

**Nota**: Formato utilizado para uso exclusivo de la Institución para un Control de Atención a Indígenas que se acercan a solicitar alguna información o apoyo en la Comisión Estatal Indígena donde el solicitante manifiesta BAJO PROTESTA DE DECIR VERDAD que los datos y anexos asentados en el presente son verdaderos.