**Osoby popierające kandydata na ławnika**

………………………………………………………….………..

(imię i nazwisko kandydata)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Lp. | Imię (imiona) i nazwisko | PESEL | Miejsce stałego zamieszkania | Podpis |
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