

To the Service of Civil Status
Weddings Office
Municipality of Monte Isola

BANNS/WEDDING OF MR AND MRS:

_____ and _____
on (day) _____ at (time) _____

=====

**ANAGRAPHIC DATA OF THE INTERPRETER WHO WILL PROVIDE
FOR THE SIMULTANEOUS TRANSLATION**

Surname: _____

Name: _____

Place of birth: _____

Date of birth (dd/mm/yy): _____

City of residence: _____

Street/Square: _____

Phone number: _____

Nationality: _____

I enclose a copy of identity document currently valid.

on _____

Signature of the interpreter

Information according to art. 13 of d.lgs.196/2003

The Municipality of Monte Isola, as holder of the treatment, in the person of the Mayor *pro-tempore*, informs you that the data collected through filling out the form of the required certification are treated for purposes strictly inherent in the verification of the conditions for dispensing the service/the required performance, as required by applicable laws or regulations. The data can be communicated to institutional subjects only in the cases provided for by law or regulation disciplining the access to or provision of services required. The data you provide will be processed using both electronic or automated media and printed media. The information you entered may be used for the purpose of verifying the correctness of the statements made in the forms and within the limits provided for by Presidential Decree 445/2000 (so-called Consolidation Act on administrative documentation laying down provisions on the so-called self-certification).