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| **FECHA** | **DÍA** | **MES** | | **AÑO** | **MUNICIPIO** | **N° COMUNA/CORREGIMIENTO** | **BARRIO/ VEREDA** |
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| **RESPONSABLE DE LA ENTREGA** | | |  | | | | |
| **CARGO** |  | | | | **INSTITUCIÓN** |  | |

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| **N° de vivienda** | **Nombre y Apellidos** | **Documento de identidad** | **CENSOS HOGAR VIVIENDA** | | | | | | **Total de camas** | **TOLDILLOS ENTREGADOS** | | | | **Firma o huella** |
| **Total de personas** | **Niños menores de 5 años** | **Gestantes** | **Personas discapacitadas** | **Adulto Mayor** | **Con comorbilidad** | **TILD** | **Impregnados** | **Sin impregnar** | **Total** |
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| **TOTAL** | | |  |  |  |  |  |  |  |  |  |  |  |  |