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| TEILNAHMELISTE**für regionale KEB** |  | **Gesprächskreis in:** |
| **Zeitraum:** | **von** |  | **bis** |  |  | **Ort:** |  |
| **Leitung:** |  |  |  |  |  | **Pfarrei:** |  |



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| **Nr.** | Name, Vorname | PLZ, Wohnort | **Unterschrift** |
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 (Stand: 03/2024)