CONSULATE GENERAL OF BRAZIL IN HOUSTON Visa Department

1233 West Loop South, Park Tower North suite #1150 Houston, Texas, 77027 visa.houston@itamaraty.gov.br

<u>Declaração de Não-Cidadania</u> <u>Declaration of Non-Citizenship</u>

| Eu / /Nós We, | (mãe brasileira Brazilian mother), |
|---|--|
| e/ou and/or | (pai brasileiro Brazilian father), |
| declaro (declaramos) para os devidos fins q | ue meu(minha) filho(a) declare for all due intents |
| and purposes that my child | |
| nascido(a) no dia born on//(de | d/mm/aaaa), na cidade de in the city of |
| , estado state of | , país country, |
| nunca foi registrado(a) em Cartório no Brasil Repartição Consular no Exterior e, portanto, não possui a cidadania brasileira. does not have Estou (estamos) ciente(s) que I am (we are) awar 1) é recomendado que filhos de cidadãos salvaguardar quaisquer direitos no futuro; it is recommended that children of Brazilian citizens be reg 2) o visto deverá ser cancelado caso seja e menor. the visa must be cancelled if a Brazilian birth cer | Brazilian consular office abroad and, therefore, e Brazilian citizenship. re that: brasileiros sejam registrados de forma a gistered in order to safeguard any rights in the future; mitida certidão de nascimento brasileira do rtificate is issued for the minor. |
| Declaramos que as informações a | |
| We declare that the above info | ormation is true and accurate |
| assinatura do pai brasileiro e/ou signature of Brazilian father and/or Local/Place: Data/Date: Pais ou guardiães legais deverão ter sua assantes da submissão Parents or legal must have their signatures acknowledged by Not | signature of the Brazilian mother Local/Place: Data/Date: Local/Place: Data/Date: Data/Date: Data/Date: Local/Place: Data/Date: Local/Place: Data/Date: Data/Date: Local/Place: Local/Place: Data/Date: Local/Place: Local/Place: Data/Date: Local/Place: Local/Place: Local/Place: Local/Place: Local/Place: Data/Date: Local/Place: Local/P |
| Notary's Certificate of Acknowledgement | Notary's Certificate of Acknowledgement |
| State of County of On, before me personally appeared, | State of County of On/, before me personally appeared, |
| □ personally known to me OR □ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal. | □ personally known to me OR □ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument. WITNESS my hand and official seal. |
| (Signature) (Stamp and Commission Expiration) | (Signature) (Stamp and Commission Expiration) |