



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

Declaração de Não-Cidadania
Declaration of Non-Citizenship

Eu / Nós We, _____ (mãe brasileira *Brazilian mother*),
e/ou and/or _____ (pai brasileiro *Brazilian father*),
declaro (declaramos) para os devidos fins que meu(minha) filho(a) *declare for all due intents*
and purposes that my child _____,
nascido(a) no dia *born on* ____/____/____ (dd/mm/aaaa), **na cidade de** *in the city of* _____
_____, **estado** *state of* _____, **país** *country* _____,

nunca foi registrado(a) em Cartório no Brasil ou *was never registered in a Brazilian "Cartório" or*
Repartição Consular no Exterior e, portanto, *Brazilian consular office abroad and, therefore,*
não possui a cidadania brasileira. *does not have Brazilian citizenship.*

Estou (estamos) ciente(s) que *I am (we are) aware that :*

1) é recomendado que filhos de cidadãos brasileiros sejam registrados de forma a
salvaguardar quaisquer direitos no futuro;
it is recommended that children of Brazilian citizens be registered in order to safeguard any rights in the future;

2) o visto deverá ser cancelado caso seja emitida certidão de nascimento brasileira do

menor. *the visa must be cancelled if a Brazilian birth certificate is issued for the minor.*

Declaramos que as informações acima são verdadeiras e corretas

We declare that the above information is true and accurate

assinatura do pai brasileiro
signature of Brazilian father

e/ou
and/or

assinatura da mãe brasileira
signature of the Brazilian mother

Local/Place: _____

Local/Place: _____

Data/Date: ____/____/____

Data/Date: ____/____/____

Pais ou guardiães legais deverão ter sua assinaturas reconhecidas por Notário Público
antes da submissão do pedido de visto.

Parents or legal must have their signatures acknowledged by Notary Public prior to submitting a visa application to this Consulate.

Notary's Certificate of Acknowledgement

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.**

(Signature)

(Stamp and Commission Expiration)

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