

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 e/ou
signature of Brazilian father 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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State of _____ County of _____

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