

CONSULATE GENERAL OF BRAZIL - LOS ANGELES

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Tel: (323) 651-2664; Fax: (323) 651-1403

<http://losangeles.itamaraty.gov.br/en-us/>



PARENTAL CONSENT FORM TO ISSUE VISA FOR MINOR

We authorize the issuance of Brazilian Visa for the following minor:

1 – MINOR:	
FULL NAME:	
PLACE OF BIRTH (CITY, STATE, COUNTRY):	DATE OF BIRTH:

2 – FATHER’S INFORMATION:
FULL NAME:
ID OR PASSPORT NUMBER:
ISSUED BY:
EXPIRATION DATE:
<input type="checkbox"/> I declare that the above information is true and accurate.
TODAY’S DATE:
FATHER’S SIGNATURE:

3 – MOTHER’S INFORMATION:
FULL NAME:
ID OR PASSPORT NUMBER:
ISSUED BY:
EXPIRATION DATE:
<input type="checkbox"/> I declare that the above information is true and accurate.
TODAY’S DATE:
MOTHER’S SIGNATURE:

4 – NOTARY’S CERTIFICATION FOR FATHER’S SIGNATURE:
Notary: Please validate signees using ONE STAMP PER SIGNATURE. Please also indicate your State, Country and Comm. Expiration. It is mandatory to attach the official or dry seal.
NOTARY’S SEAL

5 – NOTARY’S CERTIFICATION FOR MOTHER’S SIGNATURE:
Notary: Please validate signees using ONE STAMP PER SIGNATURE. Please also indicate your State, Country and Comm. Expiration. It is mandatory to attach the official or dry seal.
NOTARY’S SEAL

***NOTE:** Both Parents or Legal Guardians signatures must be notarized by a Notary Public before submitting to this Consulate.