

PERSONAL INFORMATION

Your full name as listed in your passport

First Name

Middle Name

Last Name

Previous Name(s) (if applicable)

Reason for Name Change (if applicable)

Date of Birth

Day

Month

Year

Sex

☐ Male ☐ Female ☐ Other

City / State or Province of Birth

Country of Birth

Marital Status

Nationality

☐ USA ☐ Other:

PASSPORT INFORMATION

Passport Issued By (Country)

☐ USA ☐ Other:

Passport Number

Date of Issue

Day

Month

Year

Date of Expiry

Day

Month

Year

PREVIOUS TRAVEL TO BRAZIL

Have you ever been to Brazil?

☐ Yes ☐ No

Previous Arrival to Brazil

Day

Month

Year

Departure from Brazil

Day

Month

Year

Period of Previous Stay in Brazil (in days/months)

Have you ever been refused a Brazil visa or deported from Brazil?

☐ Yes ☐ No

Have you ever violated the terms of your Brazil visa, such as overstaying your visa?

☐ Yes ☐ No

BACKGROUND INFORMATION

Do you have a criminal record in the US or overseas?

☐ Yes ☐ No

Do you have a communicable disease dangerous for public health, such as tuberculosis?

☐ Yes ☐ No

Will you be bringing tools, technical equipment, or mechanical parts to Brazil?

☐ Yes ☐ No

Will you conduct technical activities in Brazil, such as repairs, installations, or trainings?

☐ Yes ☐ No

TRIP DETAILS

What is the main purpose of your trip?

☐ Tourism ☐ Business – Meetings/Conference
☐ Business – Flight Crew ☐ Sports, Arts, or Cultural Activities
☐ Volunteering ☐ Other:

Estimated Date of Entry to Brazil

Day Month Year

Estimated Date of Departure from Brazil

Day Month Year

CONTACT INFORMATION

Your Profession

Approximate Monthly Income (USD)

Home Address

City

State

Zip Code

Home Phone

Cell Phone

Email

CONTACT INFORMATION IN BRAZIL

Do you have any contact in Brazil? *(Required for Business visa applicants)*

☐ Yes ☐ No

Contact Name

Address

City

State / Province

Zip Code

Landline Phone

Cell Phone

Email

Relationship

☐ Co-Worker ☐ Friend ☐ Neighbor ☐ Relative ☐ Other:

OCCUPATION

Name of Current Employer / School

Address

City

State / Province

Zip Code

Landline Phone

Cell Phone

Email

FAMILY INFORMATION

Mother's Information

Mother's Full Name

Country of Birth

Date of Birth

Day

Month

Year

Nationality

☐ USA☐ Other:

Previous Nationality (if any)

City and State/Province of Birth

Father's Information

Father's Full Name

Country of Birth

Date of Birth

Day

Month

Year

Nationality

☐ USA☐ Other:

Previous Nationality (if any)

City and State/Province of Birth

Legal Guardian's Information (if any)

Legal Guardian's Full Name

City and State/Province of Birth

Date of Birth

Day

Month

Year

Nationality

☐ USA☐ Other:

APPLICANT DECLARATION

I certify that the information provided in this questionnaire is true, complete, and accurate to the best of my knowledge. I understand that any false or misleading information may result in denial of the visa application.

Applicant Signature

Date