



**REPÚBLICA FEDERATIVA DO BRASIL**  
**MINISTÉRIO DAS RELAÇÕES EXTERIORES**  
**Consulado-Geral do Brasil em Los Angeles**  
 8484 Wilshire Blvd., suite 300 – Beverly Hills, CA 90211  
 Tel: 1 (323) 651 2664 – FAX: 1 (323) 651-1274  
 http://losangeles.itamaraty.gov.br  
 E-mail: passport.losangeles@itamaraty.gov.br

**CONCESSÃO DE PASSAPORTE PARA MENOR COM/SEM ANOTAÇÃO DE AUTORIZAÇÃO DE VIAGEM**  
 PREENCHER ELETRONICAMENTE OU EM LETRA DE FORMA E SEM ABREVIÇÃO

**AUTHORIZATION TO ISSUE BRAZILIAN PASSPORT TO MINOR WITH/WITHOUT TRAVEL AUTHORIZATION**  
 FILL OUT ONLINE OR IN BLOCK LETTERS WITHOUT ABBREVIATIONS

Pela presente, autorizo(amos) o Consulado-Geral do Brasil em Los Angeles a emitir documento de viagem para nosso(a) filho(a) menor, identificado(a) a seguir. / I (We) hereby authorize the Consulate General of Brazil in Los Angeles to issue a travel document to my (our) child, hereunder identified

Nome completo do menor Minor's full name <u>GIOVANNA ANGELINA FIERZ DEMEDEIROS</u>		Data de Nascimento Date of Birth <u>29 / 03 / 2015</u> Dia / Day Mês / Month Ano / Year	
Sexo Gender <input type="checkbox"/> Masculino / Male <input type="checkbox"/> Feminino / Female	Local de Nascimento Place of Birth <u>RIVERSIDE</u>	UF State <u>CA</u>	Pais de Nascimento Country of Birth <u>U.S.A.</u>

Autorização para CONCESSÃO DE PASSAPORTE PARA MENOR **SEM** ANOTAÇÃO DE AUTORIZAÇÃO DE VIAGEM / AUTHORIZATION TO ISSUE BRAZILIAN PASSPORT TO MINOR **WITHOUT** TRAVEL AUTHORIZATION

Autorização para CONCESSÃO DE PASSAPORTE PARA MENOR **COM** ANOTAÇÃO DE AUTORIZAÇÃO DE VIAGEM. Na oportunidade, também autorizo(amos), pelo prazo do passaporte, nosso(a) filho(a) menor, aqui identificado(a), a viajar (ASSINALE UMA DAS OPÇÕES)/Authorization to ISSUE BRAZILIAN PASSPORT TO MINOR **WITH** TRAVEL AUTHORIZATION. I(We) also authorize, until passport's expiration date, my (our) minor child, here identified, to travel (**MARK ONE OF THE OPTIONS**):

Desacompanhado / Unaccompanied

Na companhia de qualquer dos genitores / in the company of either parent

Na companhia de / in the company of: (nome completo /Full name): \_\_\_\_\_

Nome do Pai/Resp  
Father's name GLENN CESAR DEMEDEIROS

Passaporte/RG  
Passport/ID RG-23.933.697-5

Data de Expedição  
Date of Issue 26 / OUT / 1988  
Dia/Day Mês/Month Ano/Year

Órgão expedidor  
Issued by ESTADO DE SAO PAULO

Assinatura do Pai/Resp / Father's Signature

Nome da mãe/Resp.  
Mother's name \_\_\_\_\_

Passaporte/RG  
Passport/ID \_\_\_\_\_

Data de Expedição  
Date of Issue \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Dia/Day Mês/Month Ano/Year

Órgão expedidor  
Issued by \_\_\_\_\_

Assinatura da Mãe/Resp / Mother's Signature \_\_\_\_\_

Assinaturas devem ser reconhecidas por autenticidade ou semelhança/Signatures should be legalized by authenticity or similitude) Notary: Please validate signee using one stamp per signature. Please, also indicate your State, County and Comm, Expiration. It is mandatory to attach the official or dry seal otherwise the Consulate will refuse to legalize this document.

State of \_\_\_\_\_  
 County of \_\_\_\_\_  
 On \_\_\_ / \_\_\_ / \_\_\_, before me, the undersigned, a notary public for the State, personally appeared \_\_\_\_\_,  
 Who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, execute the instrument.  
 I certify, under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.  
 Witness my Hand and Official Seal.  
 NOTARY'S SEAL

Notary's Signature \_\_\_\_\_

State of \_\_\_\_\_  
 County of \_\_\_\_\_  
 On \_\_\_ / \_\_\_ / \_\_\_, before me, the undersigned, a notary public for the State, personally appeared \_\_\_\_\_,  
 Who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, execute the instrument.  
 I certify, under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.  
 Witness my Hand and Official Seal.  
 NOTARY'S SEAL

Notary's Signature \_\_\_\_\_

LOCAL / PLACE \_\_\_\_\_

LOCAL / PLACE \_\_\_\_\_