

CONSULATE GENERAL OF BRAZIL IN LOS ANGELES

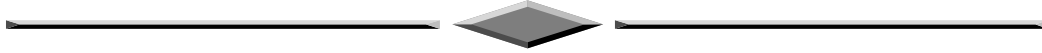
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Open to the public from 9:00am to 1:00pm – Suite 711

from 3:00pm to 5:00pm – Suite 711 (visas pick up only)



ADDITIONAL VISA INFORMATION FORM

(for citizens of countries with which Brazil does not maintain diplomatic relations)

(PLEASE PRINT OR TYPE ALL INFORMATION)

1. Full Name: _____
(Last) (First) (Middle)

2. Place of Birth: _____
(City) (Country)

3. Birth Date: _____
(Date/Month/Year)

4. Father's name: _____

5. Mother's name: _____

6. Marital status: _____

7. Profession: _____

8. Country of residence and address: _____

9. Type of visa in the United States and validity, if applicable: _____

10. Number of United States Resident Alien Card, if applicable: _____

11. Passport number and issuing date: _____

12. Passport expiring date: _____

13. Purpose of trip to Brazil: _____

14. Intended length of stay in Brazil: _____

15. Individual(s) of institution(s) for contact while in Brazil:

Full Name(s): _____

Address(es): _____

City: _____ State: _____ Phone: _____

16. Date of arrival in Brazil: _____

17. Airline of other means of transportation: _____

18. Itinerary (day by day): _____

19. Have you ever been in Brazil? a) When? _____

b) Where? _____

20. Company where working: _____

Address: _____

City: _____ State: _____ Phone: () _____

Position held: _____

21. Address and telephone number for contact while in the United States: _____

_____ Phone: () _____

I HEREBY DECLARE THAT ALL THE ABOVE INFORMATION IS TRUE AND I
UNDERSTAND THAT ANY INCORRECT INFORMATION MAY LEAD TO THE DENIAL OF THIS
VISA REQUEST.

LOS ANGELES, _____

(DATE)

SIGNATURE: _____