



**ADDITIONAL VISA
INFORMATION FORM**

FOR CITIZENS OF COUNTRIES WITH WHICH BRAZIL
DOES NOT MAINTAIN DIPLOMATIC RELATIONS

PERSONAL DATA

(Please type or print clearly all information)

1. Full Name: (Last, First, Middle)		
2. Date of Birth: (day/month/year)	3. Place of Birth: (City, Country)	4. Nationality:
5. Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	6. Marital Status:	7. Profession/Occupation:
8. Passport Number:	9. Passport Issued On: (day/month/year)	10. Passport Expires On: (day/month/year)
11. Type of Visa While in the United States:	12. Visa Valid Until: (day/month/year)	13. US Resident Alien Card Number:
14. Father's Full Name:		15. Nationality:
16. Mother's Full Name:		17. Nationality:

EMPLOYMENT INFORMATION

18. Employer:	19. Address:	
20. City:	21. State:	22. Telephone:
23. Country:	24. Position Held:	25. Length of Employment:

ADDRESSES

COUNTRY OF RESIDENCE AND ADDRESS		
26.		
CONTACT INFORMATION WHILE IN THE UNITED STATES		
27. Number and Address:		28. Telephone Number:
29. City:	30. State:	31. Zip Code:

