



**Federative Republic of Brazil**  
**Ministry of Foreign Affairs**  
**Consulate General of Brazil in San Francisco**  
 300 Montgomery St, Suite 300 – San Francisco, CA 94104  
 Tel: +1 (415) 981-8170 – Fax: 1 (415) 986-4625  
<http://saofrancisco.itamaraty.gov.br/pt-br/>  
 E-mail: visa.sf@itamaraty.gov.br

**PARENTAL CONSENT FORM  
 FOR A VISA IN FAVOR OF A MINOR**

FILL OUT IN ALL CAPITAL LETTERS WITHOUT ERASURES OR ABBREVIATIONS

I (We) hereby authorize the Consulate General of Brazil in San Francisco to issue a visa in favor of my (our) child, hereunder identified.

Minor's <u>full</u> name:		Date of Birth: ____ / ____ / ____ month      day      year	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	City of Birth / State	Country of Birth	

We further declare that we have:

Full parental authority over this minor and that we are not divorced or separated or have not initiated divorce proceedings (if you are married),  
 OR  
 Full parental custody of this minor. (if you are divorced or separated from your spouse).

<b>FATHER/guardian's <u>full</u> name:</b> _____ _____ Passport/ID #: _____ Date of Issue: ____ / ____ / ____ month      day      year Issued by: _____  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>Father's Signature</b> </div>	<b>MOTHER/guardian's <u>full</u> name:</b> _____ _____ Passport/ID #: _____ Date of Issue: ____ / ____ / ____ month      day      year Issued by: _____  <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <b>Mother's Signature</b> </div>
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Address

City	State	Zip Code	Telephone
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**Notary: Please validate signature below, using one stamp per signature.**

State of _____ County of _____ On ____ / ____ / ____, before me, the undersigned, a notary public for the State, personally appeared ( <b>full name</b> ) _____ _____ _____ 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 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.	State of _____ County of _____ On ____ / ____ / ____, before me, the undersigned, a notary public for the State, personally appeared ( <b>full name</b> ) _____ _____ _____ 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 she executed the same in her authorized capacity, and that by her 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.
SIGNATURE AND STAMP OF NOTARY PUBLIC	SIGNATURE AND STAMP OF NOTARY PUBLIC