



**MINISTÉRIO DAS RELAÇÕES EXTERIORES
CONSULADO GERAL DO BRASIL EM ATLANTA**

3500 Lenox Road NE, suite 800
Atlanta, GA - 30326
Tel: +1 (404) 949-1218 - Fax : +1 (404) 949-2402

**DECLARAÇÃO DE RESPONSABILIDADE FINANCEIRA
AFFIDAVIT OF SUPPORT**

1. Eu, _____
I, (full name)

_____, nascido(a) aos ____/____/____ (dia/mês/ano),
, born (dd/mm/yyyy)

em _____ no Estado de(o) _____;
at (city), State of

portador(a) do documento de identidade nº _____, expedido pelo _____
bearer of the ID #, issued by

_____, declaro, sob as penas da lei, que serei reponsável financeiramente
, declare under penalty of law of perjury that I will be financially responsible

por _____ durante sua viagem ao
for during his/her trip to

Brazil, que ocorrerá entre ____/____/____ e ____/____/____ (dia/mês/ano).
Brazil, during the period of to (dd/mm/yyyy).

2. Se houver qualquer esclarecimento a ser prestado, por favor entre em contato pelo
telefone _____

If you have any further questions, please contact me by the phone #

Atlanta, GA, em _____ de _____ de 20_____.

Assinatura do(a) Declarante / Declarant Signature

Obs .1: This Affidavit must be signed before the Consular Agent otherwise must be authenticated by Notary Public of the Brazilian Consulate General in Atlanta jurisdiction (GA, AL, MS, TN, SC) presenting similar statement as: "Sworn To and subscribed before me".

Obs.2: It is necessary to attach a Birth Certificate and/or a Marriage Certificate to prove the relationship between the declarant and the visa applicant.