

IDENTIFICATION OF THE PRINCIPAL ASYLUM SEEKER

Fields with * are mandatory.

PERSONAL INFORMATION:

* First Name

* Last Name

Social Name (if applicable) - as per Decree no. 8,727 of April 28th, 2016.

* Gender

 Male Female

* Date of Birth

* Marital Status

<input type="checkbox"/> Single
<input type="checkbox"/> Married
<input type="checkbox"/> Divorced
<input type="checkbox"/> Widow
<input type="checkbox"/> Other:

DEPENDENTS:

Undeclared Filiation

* Dependent 1

* Gender (Dependent 1)

 Male Female

Dependent 2

Gender (Dependent 2)

 Male Female

IDENTIFICATION OF THE PRINCIPAL ASYLUM SEEKER

Place of Birth:

* Country

* State or Province

* City or Village

NATIONALITY:

* Main Nationality (this information will be used for issuing the National Migration Registry Card)

Other nationalities

SPOKEN LANGUAGES/DIALECTS:

* Native Language

Other spoken languages/dialects

ADDITIONAL INFORMATION:

* Ethnicity

Not Applicable

* Religion

Do you have any severe disease?

Yes No

* Do you have any mental or physical disabilities?

Yes No

IDENTIFICATION OF THE PRINCIPAL ASYLUM SEEKER

LAST ADDRESS AT THE COUNTRY OF NATIONALITY OR HABITUAL RESIDENCE:

* Country

* State or Province

* City or Village

CONTACT INFORMATION IN BRAZIL:

* Street

* Number

Additional information

* Neighborhood

* State

* City

* ZIP Code

Phone Type

 Work Home Mobile

Phone Number

Local Code + Number

Main E-mail Address

Alternative E-mail Address



IDENTIFICATION DOCUMENTS

*** Do you have any type of identification?**

Yes No

*** Describe the reason:**

EDUCATION:

*** Do you have a formal education degree?**

Yes No

If yes, inform:

*** Institution's Name**

*** Attended Course**

*** Country**

IDENTIFICATION OF THE PRINCIPAL ASYLUM SEEKER

* City

* Date of commencement

e.g. 07/2016

* Date of completion

PROFESSIONAL BACKGROUND:

* Have you performed a professional activity?

Yes No

If yes, inform:

* Professional Activity Performed

* Employer's Name

* Country

* City

* Date of commencement

e.g. 07/2016

* Date of completion

COMBAT / MILITARY SERVICE

* Have you participated in military service in your country of nationality or habitual residence?

Yes No

If yes, inform:

* In what nature?

Mandatory Voluntary

IDENTIFICATION OF THE PRINCIPAL ASYLUM SEEKER

*** Period of military service (e.g. 2017)**

Starting Year:

to

Finishing Year:

*** Please provide information on the responsibilities and positions you had**

*** Were you involved in combat situations in your country of nationality or habitual residence?**

Yes No

*** Detail the types of combat situation(s) you have experienced**

IDENTIFICATION OF THE PRINCIPAL ASYLUM SEEKER

CRIMINAL INVESTIGATIONS OR ACCUSATIONS:

*** Have you ever been arrested, detained, interrogated, prosecuted or sentenced as result of investigations or accusations against you of criminal practices?**

Yes No

If yes, inform:

*** Details (where, reasons, for how long and if there was a formal trial)**

*** Were you subject to a formal trial?**

Yes No

If yes, inform:

*** What was the verdict?**

IDENTIFICATION OF THE PRINCIPAL ASYLUM SEEKER

CIRCUMSTANCE OF THE CLAIM

* Please explain the reasons that led you to leave your country of nationality or habitual residence and seek protection as a refugee in Brazil. Please describe in details all the important facts: events, your personal experiences or measures taken against you or against members of your family that led you to abandon your country of nationality or habitual residence. In particular, please describe any situations involving the violation of your rights due to your ethnicity, religion, nationality, political opinion or belonging to a specific social group.

* Do you have any evidence of the above-mentioned facts?

Yes No

If yes, inform:

Proof of the Above-Mentioned Facts

* Description of the evidence

IDENTIFICATION OF THE PRINCIPAL ASYLUM SEEKER

* Have you or a member of your family ever belonged to or been associated with any group or organization in your country of origin, such as a political party, student, religious, paramilitary, militia, guerrilla, civil patrol, human rights, press or media group?

Yes No

If yes, inform:

* Who was involved with the group(s) or organization(s) and when?

* With what group(s) or organization(s) were you involved?

* Which were the activities or roles you performed when involved with the group(s) or organization(s)?

* Did you seek protection from the state, government or local authorities in your country of nationality or current residency?

Yes No

If yes, inform:

* Explain the type of protection you sought and what were the measures taken by the country.

IDENTIFICATION OF THE PRINCIPAL ASYLUM SEEKER

* What would happen if you or any member of your family returned to your country of nationality or habitual residence?

* Do you believe you would be subject to torture or any threats to your physical or mental integrity or your freedom if you returned to your country of nationality or habitual residence? Please provide details.

INTERNATIONAL PROTECTION:

* Have you previously requested asylum in Brazil or another country?

Yes No

If yes, inform:

Place where you sought asylum

* Country

* Date of Request

* Have you had refugee status in that country?

Yes No

If yes, inform:

* Date when you were granted refugee status

* Do you have documents from this asylum request?

Yes No

IDENTIFICATION OF THE PRINCIPAL ASYLUM SEEKER

TRAVEL:

Distance covered

* Country of Departure

* Date of Departure

* Country of Arrival

* Date of Arrival

* Means of Transportation

<input type="checkbox"/> Airway
<input type="checkbox"/> Maritime
<input type="checkbox"/> Land

* Return to the Country of Origin

Yes No

If yes, inform:

* Detail the reason, circumstance and context of the return to your country of nationality or habitual residence.

IDENTIFICATION OF THE PRINCIPAL ASYLUM SEEKER

ADDITIONAL INFORMATION:

Add any other information that you consider to be important for CONARE to analyze your asylum request

Please share any other documents that you consider to be important for CONARE to analyze

INFORMATION ABOUT FAMILY MEMBERS AND/OR DEPENDENTS IN ANOTHER COUNTRY:

* Do you have family members and/or dependents that remained in your country of origin or another country?

Yes No

If yes, inform:

Place where you sought asylum:

* Family Member's Full Name

Date of Birth

/ /

* Nationality

* Relation to the Asylum Seeker

<input type="checkbox"/> Spouse or Partner
<input type="checkbox"/> Ascendant (parent, grandparent, etc.)
<input type="checkbox"/> Descendant (child, grandchild, etc.)
<input type="checkbox"/> Other family relation that financially depends on the asylum seeker

IDENTIFICATION OF THE PRINCIPAL ASYLUM SEEKER

*** Do you have knowledge of any family member who is an asylum seeker or was granted refugee status in Brazil?**

Yes No

If yes, inform:

*** Inform the full name and kinship of this family member**

INFORMATION ON FAMILY MEMBERS AND/OR DEPENDENTS THAT ARE ACCOMPANYING YOU:

*** Do you have any family member and/or dependent accompanying you in Brazil who you could like to include in your application for refugee status?**

Yes No

If yes, please fill out the specific form for each family member.

STATEMENT

*** Did a translator/interpreter assist you in completing this application?**

Yes No

If yes, carefully read the statement below and mark an "X" in the reading confirmation:

ASYLUM-SEEKER:

In the condition of the asylum-seeker, I hereby declare that I was assisted by a translator / interpreter when reading and filling out this form and its entire content was interpreted to me. I am aware that if it is proven that the information here provided is false, this may result in denial of my application for refugee status or in the loss of my refugee status. I understand that CONARE may refuse to accept the translator / interpreter work for procedure purposes of the asylum request, if any of its responsibilities is not fulfilled.

INTERPRETER:

In the condition of the translator/interpreter, I hereby declare that I am aware of the following responsibilities in providing assistance:

- a) Maintain the confidentiality of all information accessed in the course of performing my interpretation and translation duties including by not disclosing any report or document I have come to know as a result of my translation and interpretation duties;

IDENTIFICATION OF THE PRINCIPAL ASYLUM SEEKER

- b) Be impartial and free from judgment in the performance of my translation and interpretation work;
- c) If writing the responses in the form's language, I will faithfully register all provided information;
- d) Confirm declared information to ensure the information was properly translated;
- e) Perform my translation and interpretation work activities in a manner consistent with CONARE standards with regards to respect for cultural, gender and age considerations of applicants;
- f) Report any adverse fact that may come to affect the ability to perform impartial work as a translator and interpreter.

TRANSLATOR / INTERPRETER IDENTIFICATION

*** Interpreter Name**

*** Document Type**

*** Document Number**

*** Address Type**

*** Street**

*** Number**

Complement

*** Neighborhood**

*** State**

*** City**

ZIP

IDENTIFICATION OF THE PRINCIPAL ASYLUM SEEKER

Phone Type

<input type="checkbox"/> Mobile
<input type="checkbox"/> Work
<input type="checkbox"/> Home

Phone Number

Local Code + Number

Main E-mail Address

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Alternative E-mail Address

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ASYLUM SEEKER STATEMENT

I declare that I have inserted the above information and I understand the entire content of this form without need for a translator/interpreter's intervention. I am aware that if it is proven that the information here provided is false, this may result in denial of my application for refugee status or in the loss of my refugee status .

ASYLUM SEEKER SIGNATURE

DATE: / /