

Re-Registration of Asylum Claim

Fields with * are mandatory.

1st Step: INFORMATION OF THE PROTOCOL NUMBER

Inform the number of the Asylum Protocol to have continuity.

*Protocol Number

2nd Step: CONFIRM YOUR IDENTIFICATION AND CONTACT INFORMATION

You shall fill in the information requested below to confirm and/or update the information provided upon registration.

PERSONAL INFORMATION:

* First Name(s)

* Last Name(s)

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

* Gender

<input type="checkbox"/> Male
<input type="checkbox"/> 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

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* Dependent 1

* Gender (Dependent 1)

 Male Female

Dependent 2

Gender (Dependent 2)

 Male Female

Place of Birth

* Country

* State or Province

* City or Village

NATIONALITY:

* Main Nationality (the informed nationality 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

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Do you have any severe disease?

Yes No

* Do you have any mental or physical disabilities?

Yes No

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

Main E-mail Address

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Alternative E-mail Address

3rd Step: FAMILY MEMBERS FOR EXTENDED REFUGEE STATUS

*** Do you have any family member and/or dependent that is accompanying you in Brazil and for whom it is intended extending the refugee status?**

Yes No

* If you have family members and/or dependents that accompany you in Brazil and for whom it is intended extending the refugee status, **fill out the specific form for each family member.**

4th Step: 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 requester to be granted refugee status, 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 every and 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;
- b) Being 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) Reporting any adverse fact that may come to affect the ability to perform an impartial work as a translator and interpreter.

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TRANSLATOR / INTERPRETER IDENTIFICATION

*** Interpreter Name**

*** Document Type**

*** Document Number**

*** Address Type**

*** Street**

*** Number**

Complement

*** Neighborhood**

*** State**

*** City**

ZIP

Phone Type

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

Phone Number

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Main E-mail Address

Alternative E-mail Address

If there was no need for an interpreter when filling in this form, carefully read the statement below and mark an "X" in the reading confirmation:

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: / /