

IDENTIFICATION OF THE EXTENDED ASYLUM SEEKER

Fields with * are mandatory.

1 - IDENTIFICATION OF THE EXTENDED ASYLUM SEEKER:

* 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:

FILIATION:

Undeclared Filiation

* Dependent 1

* Gender (Dependent 1)

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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Dependent 2

Gender (Dependent 2)

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

Do you have any severe disease?

Yes No

* Do you have any mental or physical disabilities?

Yes No

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LAST ADDRESS AT THE COUNTRY OF NATIONALITY OR HABITUAL RESIDENCE:

* Country

* State or Province

* City or Village

CONTACT INFORMATION IN BRAZIL:

I wish to use the Contact Information of the Main Asylum Seeker

* Street

* Number

Additional Information

* Neighborhood

* State

* City

* ZIP Code

Phone Type

 Work Home Mobile

Phone Number

Main E-mail Address

Alternative E-mail Address

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2 - COMBAT/MILITARY SERVICE OF THE EXTENDED ASYLUM SEEKER

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

Yes No

If yes, inform:

*** In what nature?**

Mandatory Voluntary

*** 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 residency?**

Yes No

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

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3 - CRIMINAL INVESTIGATIONS OR ACCUSATIONS OF THE EXTENDED ASYLUM SEEKER

*** 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?**

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4 - EXISTENCE OF A KINSHIP AND ECONOMIC DEPENDENCY OF THE EXTENDED ASYLUM SEEKER

* Relation to the Main 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

* Does the main asylum seeker have any document that proves the kinship with the person requesting the extension of his/her refugee status?

Yes No

* If yes, inform the document type:

<input type="checkbox"/> Passport
<input type="checkbox"/> National ID Card
<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Other:

* If not, explain the reasons for the lack of such family documentation

DATE: / /