

# TOURIST VISA REQUIREMENTS

## Brazil Multiple Entry E-Visa (10-year validity)

Total cost one person - **\$224** (GenVisa fee \$139)

Total cost two people - **\$448** (GenVisa fee \$278)

Cost includes service fees, government fees\* and return delivery by email.

Complete and return this entire form via email as a PDF file with the following required materials as attachments in the specified format to [silversea@genvisa.com](mailto:silversea@genvisa.com)

For mail submissions please use the address below.

- **A clear High-Resolution COLOR copy of the data page of your passport** (pp. 2-3) in actual size (Cell phone photos are not acceptable), YOUR ACTUAL PASSPORT MUST BE SIGNED.  
**Size requirements for email submissions: Minimum 50 KB, Maximum 300 KB, in JPEG format.**
- **One (1) High-Resolution Passport Photo**, 2"x 2", taken within 6 months on a white background without any shadows – front view, no smiling, and no glasses. Please refer to the Brazil E-visa photograph guidelines.  
**Size requirements for email submissions: Minimum 50 KB, Maximum 1 MB, in JPEG format.**
- **Brazil ETA Request Form** and **Declaration form** per person (enclosed)
- **For minor travelers** ( below the age of 18) please refer to pages 4-5 for specific instructions.
- **Itemized cruise itinerary**, showing dates of travel, and ports of call in each traveler's name.
- **Payment:** a check or money order payable to GenVisa in US Dollars and drawn on a US bank or for credit card payment please fill out enclosed CC Authorization Form (**3 % credit card transaction fee will apply**)

**Return this entire form with the requested materials. For mail submissions, use traceable delivery.**

**Important:** Do not send your passport/materials more than 6 months before your departure date.

Visa processing generally takes up to 6 weeks. If you need your E-Visa returned **within 21 business days**: add \$55 per person for expedited service. **\*Consular fees, processing times, and forms are subject to change without notice.** For current requirements, terms and conditions, updated forms, and fees please check at: [www.genvisa.com/silverseacruises](http://www.genvisa.com/silverseacruises)

## YOUR CONTACT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

**EXACT** physical address \_\_\_\_\_ Apt/Ste#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Your E-mail address (Important):** \_\_\_\_\_ (please write in block letters)

Date of arrival in Brazil (dd/mm/yyyy) \_\_\_\_\_ Seaport of Arrival in Brazil \_\_\_\_\_

Date you need your E-Visa: \_\_\_\_\_ Date you depart the U.S.: \_\_\_\_\_

Mail materials to:

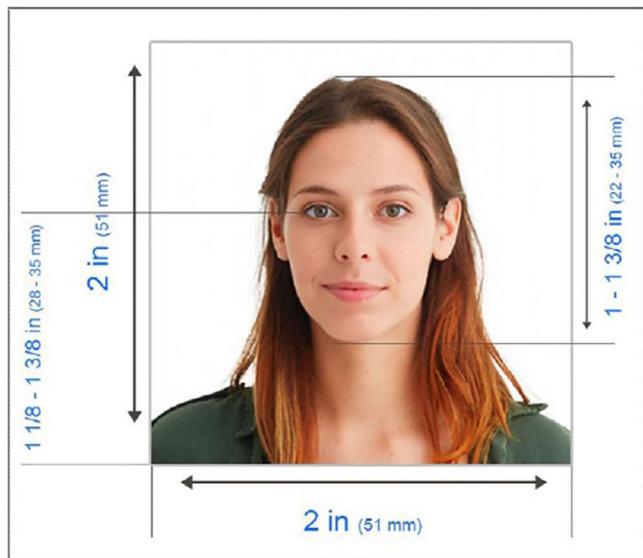
**GENERATIONS VISA SERVICE**  
5335 WISCONSIN AVE N.W. #380  
WASHINGTON D.C. 20015-2030  
1-800-845-8968

**Silversea – Brazil E-Visa**



# PROPER FORMAT – PASSPORT PHOTO

EXAMPLE OF APPROPRIATE PASSPORT PHOTO



# PROPER FORMAT – PASSPORT COPY

EXAMPLE OF APPROPRIATE PASSPORT COPY



## Dos and Don'ts

HAVE AN EVEN EXPOSURE (MUST NOT BE TAKEN UNDER DIRECT LIGHTING)	 
HAIR MUST NOT COVER EARS, EYEBROW OR EYES	 
DO NOT WEAR GLASSES OR HEAD COVERING AND ENSURE NO TEETH ARE VISIBLE	 
FULL FACE WITH UPPER SHOULDERS SEEN, FACING FORWARD WITH EYES OPEN	 
IN COLOUR TAKEN AGAINST PLAIN WHITE BACKGROUND WITHOUT SHADOWS	 
YOU SHOULD FACE THE CAMERA DIRECTLY	 

## Important notes:

size 3.5 x 4.5 cm (413 x 531 pixels)

## **Additional Documentation Required for Minors (below the age of 18):**

**Minors applying for a Brazil E-Visa must supply:**

- **Bio page of a valid and eligible passport**
- **A passport sized photo**
- **Confirmed flight bookings (showing entrance to and exit from Brazil)**
- **Copies of both parent's passport, and or other photo ID (that must match the names on the child's birth certificate)**
- **Proof of sufficient funds (accompanying guardian's/parent's documentation)**
- **All visa applicants under the age of 18 must also supply a minor authorization letter signed by both parents or legal guardians. However:**
- **A notarized copy of the court order granting sole custody and exclusive parental rights must be produced if one parent is the applicant's only parent.**
- **If only one parent is listed on the birth certificate, only that person's signature is required.**
- **A death certificate needs to be shown if one parent has passed away.**



**AUTHORIZATION FOR ISSUANCE OF BRAZILIAN VISA FOR MINOR**  
**AUTORIZACIÓN PARA LA EMISIÓN DE VISA PARA MENORES**

We authorize the issuance of a Brazilian Visa for the following minor  
Se autoriza la emisión de una Visa de Brasil para el/la siguiente menor

**1 - MINOR IDENTIFICATION** IDENTIFICACIÓN DEL/ DE LA MENOR

**Full Name** Nombre y apellidos

**Place Of Birth (City, State, Country)**

Lugar de Nacimiento (Ciudad, Estado, País)

**Date of Birth** Fecha De Nacimiento

**Day** Día    **Month** Mes    **Year** Año

**Passport Information**

**Issued by** (Country and Issuing Office)

**Number** Número

EXPEDIDO POR (País y la Autoridad Expedidora)

**Issued on** Fecha de Emisión

**Day** Día    **Month** Mes    **Year** Año

**2 - PARENTS INFORMATION** INFORMACIÓN DE LOS PADRES

**Full Name of Parent #1** Nombre completo del (de la) progenitor(a) nº 1

**Full Name of Parent #2** Nombre completo del (de la) progenitor(a) nº 2

**Passport or ID** Pasaporte o documento de identidad

**Number** Número

**Issued on** Fecha de Emisión

**Day** Día    **Month** Mes    **Year** Año

**Passport or ID** Pasaporte o documento de identidad

**Number** Número

**Issued on** Fecha de Emisión

**Day** Día    **Month** Mes    **Year** Año

**Issued by (Issuing Office)**

EXPEDIDO POR (Autoridad Expedidora)

**Country of Birth**

País de Nacimiento

**Issued by (Issuing Office)**

EXPEDIDO POR (Autoridad Expedidora)

**Country of Birth**

País de Nacimiento

**3 - FORMAL STATEMENT** DECLARACIÓN FORMAL

We declare that the above information is true and accurate

Declaramos que la información anterior es verdadera y exacta

**Place** Local

**Date** Fecha

**Day** Día    **Month** Mes    **Year** Año

**Place** Local

**Date** Fecha

**Day** Día    **Month** Mes    **Year** Año

**Parent 1 Signature** Firma del Padre

**Parent 2 Signature** Firma de la Madre

**Note:** 1) It is mandatory to add the original birth certificate to the minor's visa applications.

**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, before me personally  
appeared

personally known to me -- OR --

proved to me on the basis of satisfactory evidence to be the  
person(s) whose name(s) is/are subscribed to the within instrument and  
acknowledged to me that he/she/they executed the same in  
his/her/their authorized capacity(ies), and that by his/her/their

signature(s) on the instrument the person(s) or the entity upon behalf of  
which the person(s) acted, executed the instrument. **WITNESS** my  
hand and official seal.

signature(s) on the instrument the person(s) or the entity upon behalf  
of which the person(s) acted, executed the instrument. **WITNESS** my  
hand and official seal.

(Signature)

(Signature)

(Stamp and Commission Expiration)

**Notary's Certificate of Acknowledgement**

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_, before  
me personally appeared

# BRAZIL E-VISA REQUEST FORM

## PERSONAL INFORMATION

Last name:					Given Name:		
Date Of Birth:					Gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male
Marital status:	Single <input type="checkbox"/>	Married <input type="checkbox"/>	Divorced <input type="checkbox"/>	Widow <input type="checkbox"/>	Place of birth:		
Former Names:					Email Address:		
Street Address (No P.O Boxes)					City, State & Zip code:		
Profession/Occupation:					Other Nationalities?		

## PARENT INFORMATION

Mother's Full Name:		Father's Full Name:	
Mother's Date of Birth:		Father's Date of Birth:	
Mother's Nationality:		Father's Nationality:	
Mother's Previous Nationality:		Father's Previous Nationality:	

## TRAVEL HISTORY

Have you ever been to Brazil?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Date of Previous Entry to Brazil:		Date of Previous Exit to Brazil:	

Additional details of previous trips (Places of visit, names of hotels, etc.):

<b>TRAVEL DETAILS</b>				
Date of Departure from US:		Date of Arrival into Brazil:		
Date of Departure from Brazil:		Purpose of Visit:	TOURISM <input type="checkbox"/>	BUSINESS <input type="checkbox"/>
Method of Arrival:	AIR <input type="checkbox"/>	SEA <input type="checkbox"/>	LAND <input type="checkbox"/>	
<b>QUESTIONNAIRE</b>				
Have you ever had a denied Brazilian Visa?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been expulsed or deported from Brazil?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been accused of practicing terrorist acts, genocide, crimes against humanity, war crimes or crimes of aggression in the term established by the Rome Statute of the International Crime Court?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been arrested or convicted for any offense or willful crime, even though subject of pardon, amnesty, or other similar action?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever had your name included in a sanction list by Brazilian government or by an international organization?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever violated the principles or the objectives of the Brazilian Federation Constitution?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever had a restraining order or protective order against you, related to a person who currently is in Brazil?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Do you have a communicable disease of public health significance?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been unlawfully present, overstayed the amount of time granted by an immigration official or otherwise violated the terms of a Brazilian visa?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes to any of the questions above, please provide details here:				

## DECLARATION FORM

I am aware of and consent to the following: any personal data concerning me that appears on this visa application form will be supplied to the relevant authorities in Brazil and processed by those authorities, if necessary, for a decision on my visa application.

I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Brazilian State that deals with applications.

I undertake to leave the territory of Brazil upon expiration of the visa if granted.

I have been informed that possession of a visa is only one of the prerequisites for entry into the territory of Brazil. The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with relevant provisions of the laws of Brazil. The prerequisites for entry will be checked again on entry into the territory of Brazil.

*By signing below, I agree with the above statements.*

Name:

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Signature:

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Date:

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## LIFETIME US PASSPORT REPLACEMENT INSURANCE FOR \$29.99 PER PERSON

This affordable passport replacement program offers **expedited** replacement of your lost, stolen, or damaged US passport— **up to \$399 in replacement service fees**. Upon receipt of your claim, we will arrange for the fastest available turnaround to process your passport replacement application under specific circumstances.

### By enrolling, you agree to the following:

- ✓ GenVisa will waive its expedited processing fees. You are responsible for applicable Government and shipping fees only.
- ✓ GenVisa will select the fastest available processing speed based on your scheduled departure date.
- ✓ Coverage does not include replacement of expired passports, passports that ran out of visa pages, name changes, or valid travel visas.
- ✓ Coverage cannot exceed our service fee for an **EMERGENCY** passport at the time of the claim.

### Insurance coverage excludes:

- ✓ Replacement of expired passports, passports that ran out of visa pages, name changes, or valid travel visas.
- ✓ Replacement of lost, stolen, or damaged passports while outside the United States and its territories. Should that happen, you must apply in person at the nearest US Embassy for an emergency passport.

To make a claim, please call (800) 845-8968 or email us at [info@genvisa.com](mailto:info@genvisa.com).

### Optional LIFETIME Passport Replacement insurance: \$29.99 per passport.

In the unlikely event that your passport is lost or damaged, Genvisa will arrange for expedited passport replacement in the United States.

Please choose one of the boxes below.

**No**, I decline the Lifetime Passport Replacement insurance.

**Yes**, I have added an additional \$29.99 per person for the Lifetime Passport Replacement insurance. Please include insurance fees in the total payment for visa processing.

Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CREDIT CARD AUTHORIZATION FORM

Card issuer : \_\_\_\_\_

Credit Card Num: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Visa, MasterCard, Discover **Security Code:** (3 digits in the signature field on back of card): \_\_\_\_\_  
Amex **Security Code:** (four-digit code on front of card, right side): \_\_\_\_\_

Card Holder: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephones: Day: \_\_\_\_\_ Eve: \_\_\_\_\_

This form certifies that I am the above-referenced cardholder and that I authorize  
**Generations Visa Service** to charge my credit card for the following payments

**(3 % credit card transaction fee twill be added to the total amount):**

NONREFUNDABLE visa processing fees in the amount of \$\_\_\_\_\_ **US Dollars.**

By signing below, I understand and acknowledge the charges in the amount listed above.

I acknowledge payment in full is to be made when billed or in extended payment in accordance with the standard policy of the company issuing the credit card. Once the application is submitted for processing, I waive my right to dispute these charges.

Under the laws of the state of \_\_\_\_\_, I certify the foregoing is true and correct.

Card Holder Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_