TOURIST VISA REQUIREMENTS

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

Total cost one person - $184 | **Total cost two people - $368**

Cost includes service fees and government fees*. Visas will be emailed to you upon approval. You will need to print two copies, in COLOR, and present them when you travel.

Complete and return this entire form via email as a PDF file with the following required materials as attachments in the specified format to **celebrity@genvisa.com**
For mail-in submissions, please use the shipping address below.

- ***A clear High-Resolution COLOR copy of the data page of your passport*** (pp. 2-3) made using a copy machine or scanner. (Cell phone photos are not acceptable). Your passport should have at least six months validity remaining validity beyond the travel date. **Size requirements for email submissions: Minimum 100 KB, Maximum 300 KB, in JPEG format.**
- ***One (1) High-Resolution Passport Photo***, 2"x 2", taken within the last 3 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 200 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 (booking confirmation),*** showing travel dates and ports of call in each traveler's name.
- ***Payment:*** a check or money order payable to **GVS** 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 **within 21 business days (subject to approval)**: add $75 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/rcg

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 **you depart** the U.S.: _____ **Date of arrival in Brazil** _____

Mail materials to:

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

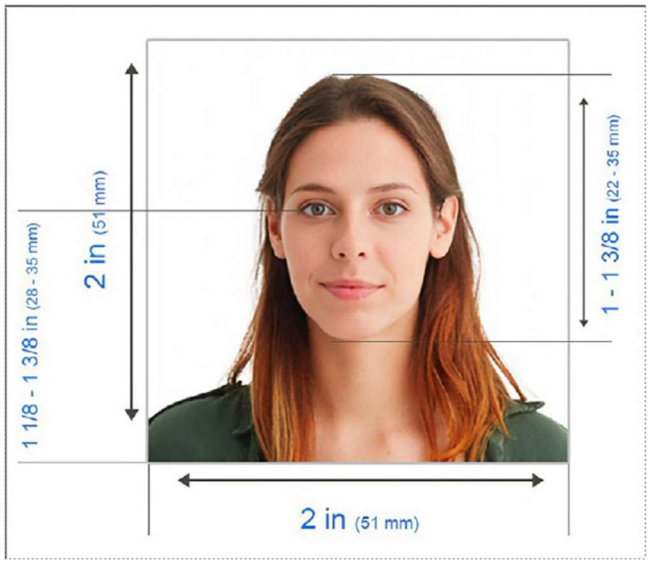
Celebrity – Brazil E-Visa

GENERATIONS VISA SERVICE

CODE _____

PROPER FORMAT – PASSPORT PHOTO

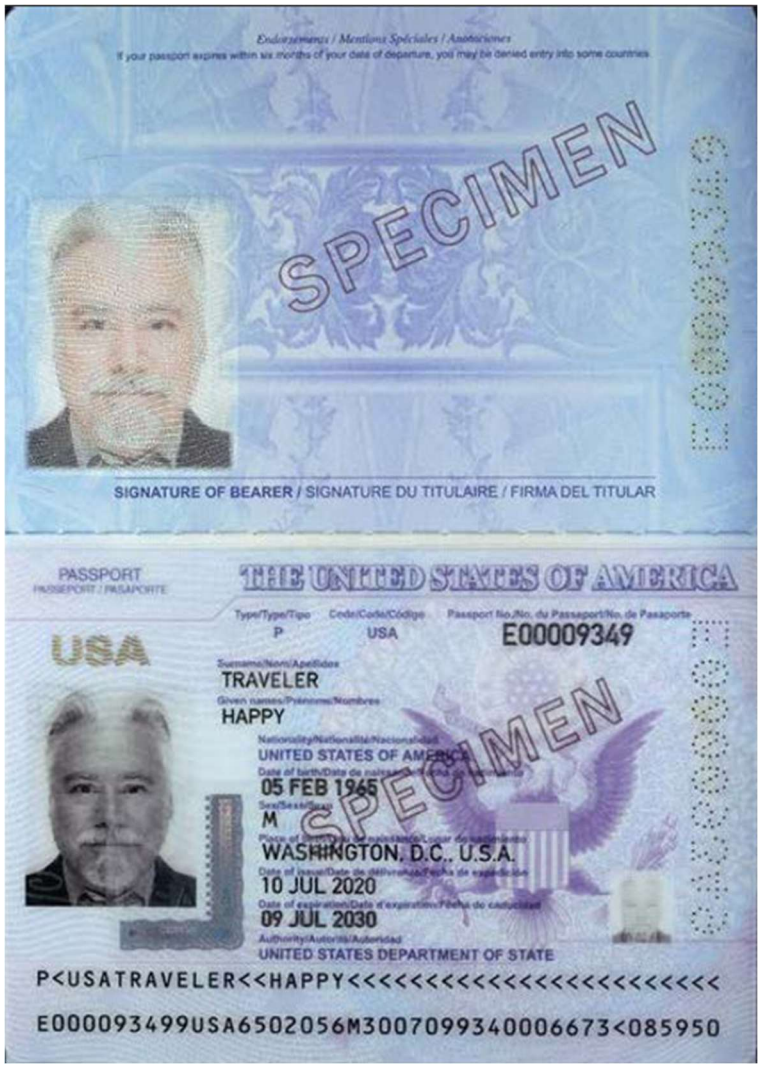
EXAMPLE OF APPROPIATE PASSPORT PHOTO



PROPER FORMAT – PASSPORT COPY

EXAMPLE OF APPROPIATE 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 (enclosed)**
- **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.**

CONSULATE GENERAL OF BRAZIL
Visa Section

It's not necessary to notarize the signature(s) of the parent(s) if they're going to be present at the visa interview.
No es necesario autenticar la(s) firma(s) del (de los) genitor(es) que vengan personalmente a la entrevista.

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

_____,

☐ 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)

(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: ☐ Female	☐ Male
Marital status:	Single ☐	Married ☐	Divorced ☐	Widow ☐	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 ☐	NO ☐
Date of Previous Entry to Brazil:					Date of Previous Exit to Brazil:	
Additional details of previous trips (Places of visit, names of hotels, etc.):						

TRAVEL DETAILS				
Date of Departure from US:		Date of Arrival into Brazil:		
Date of Departure from Brazil:		Purpose of Visit:	TOURISM ☐	BUSINESS ☐
Method of Arrival:	AIR ☐	SEA ☐	LAND ☐	

QUESTIONAIRE		
Have you ever had a denied Brazilian Visa?	YES ☐	NO ☐
Have you ever been expulsed or deported from Brazil?	YES ☐	NO ☐
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 ☐	NO ☐
Have you ever been arrested or convicted for any offense or willful crime, even though subject of pardon, amnesty, or other similar action?	YES ☐	NO ☐
Have you ever had your name included in a sanction list by Brazilian government or by an international organization?	YES ☐	NO ☐
Have you ever violated the principles or the objectives of the Brazilian Federation Constitution?	YES ☐	NO ☐
Have you ever had a restraining order or protective order against you, related to a person who currently is in Brazil?	YES ☐	NO ☐
Do you have a communicable disease of public health significance?	YES ☐	NO ☐
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 ☐	NO ☐
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:

_____

Signature:

_____

Date:

_____

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.

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.

☐ **Yes**, I have added an additional $29.99 per person for the Lifetime Passport Replacement insurance. **Please add insurance fees to the total payment.**

Name and Signature: _____ Date: _____

Name and Signature: _____ Date: _____

Smart Traveler Enrollment Program

"Stay Informed, Stay Connected, Stay Safe!"

For a nominal fee Generations Visa Service will register you and your travel details with the nearest U.S. Embassy or Consulate in the countries you are visiting. This registration allows the US government to efficiently safeguard its citizens while overseas.

Benefits of Enrolling in Smart Traveler Enrollment Program:

- Receive important information from the Embassy about up-to-the-minute safety conditions in your destination country, helping you make informed decisions about your travel plans.
- Help the U.S. Embassy contact you in an emergency, whether natural disaster, civil unrest, or family emergency.
- Help family and friends get in touch with you in the case of an emergency.

Personal Information (Pease fill out legibly in block letters)

Traveler #1's full name (**LAST**, First, Middle):
Date of Birth (MM/DD/YYYY):
Gender: Male ☐ Female ☐
Passport Number: P _ _ _ _ _ _ _ _ _
Email Address*:
Phone Number:

Traveler #2's full name (**LAST**, First, Middle):
Date of Birth (MM/DD/YYYY):
Gender: Male ☐ Female ☐
Passport Number: P _ _ _ _ _ _ _ _ _
Email Address*:
Phone Number:

***Email addresses will not be used for solicitation purposes**

Travel Information

Country #1:
Approx. Date of Entry (MM/DD/YYYY):
Approx. Date of Exit (MM/DD/YYYY):
Name and Address of the first hotel:
Name of the Tour Operator: Celebrity Cruises

Country #2 (if applicable):
Approx. Date of Entry (MM/DD/YYYY):
Approx. Date of Exit (MM/DD/YYYY):
Name and Address of the first hotel:
Name of the Tour Operator: Celebrity Cruises

☐ **Yes**, please enroll me in Smart Traveler Program. I have added an additional **$15.00 per person** for this service.
Please include STEP enrollment fees in the total payment for visa processing.

Please note: If you receive an email confirmation from the Department of State titled "Smart Traveler Enrollment Program Invitation," one of our agents has enrolled you in the Program with the information provided. No further action is necessary on your part.

CREDIT CARD AUTHORIZATION FORM

Card issuer : _____

Credit Card Num: _____

Expiration Date: _____

Visa, MasterCard, Discover **Security Code**: *(3 digits back of card - **MANDATORY**)*: _____
Amex **Security Code**: *(four-digit code on front of card, right side - **MANDATORY**)*: _____

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 will be added to the total amount):

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

Disputed credit card transactions will incur a service fee of $250.

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.

Card Holder Signature: _____
Printed Name: _____

Date: _____

5335 Wisconsin Ave N.W. # 380, Washington, DC 20015, USA
Phone: (800) 845-8968 | (202) 337-7080 Fax: (202) 337-3447