



Authorization for Credit Card Transactions

Department of Homeland Security

Form G-1450

How To Fill Out Form G-1450

1. Type or print legibly in black ink.
2. Complete the "Applicant's/Petitioner's/Requester's Information," "Credit Card Billing Information," and "Credit Card Information" sections and sign the authorization. **NOTE:** The credit card must be issued by a U.S. bank.
3. Place your Form G-1450 ON TOP of your application, petition, or request package.

NOTE: Failure to provide the requested information may result in DHS and your financial institution not accepting the payment. DHS cannot process credit card payments without an authorized signature.

NOTE: Please see the USCIS Form G-1450 website for additional information.

We recommend that you print or save a copy of your completed Form G-1450 to review in the future and for your records.

By completing this transaction, you agree that you have paid for a government service and that the filing fee, biometric services fee and all related financial transactions are final and not refundable, regardless of any action DHS takes on an application, petition, or request. You must submit all fees in the exact amounts. DHS will charge your credit card up to the amount you authorize below.

Please refer to the form(s) you are filing for additional information, or you may call the USCIS Customer Contact number at **1-800-375-5283**. For TTY (deaf or hard of hearing) call: **1-800-767-1833**.

Applicant's/Petitioner's/Requester's Information (Full Legal Name)			
Given Name (First Name) Amy Elizabeth	Middle Name (if any)	Family Name (Last Name) WILLIAMS	
Credit Card Billing Information (Credit Card Holder's Name as it Appears on the Card)			
Given Name (First Name)	Middle Name (if any)	Family Name (Last Name)	
Credit Card Holder's Billing Address:			
Street Number and Name		Apt. Ste. Flr. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Number
City or Town		State <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	ZIP Code
Credit Card Holder's Signature and Contact Information:			
Credit Card Holder's Signature			
Credit Card Holder's Daytime Telephone Number		Credit Card Holder's Email Address	
Credit Card Information			
Credit Card Number	Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover		Authorized Payment Amount \$ 590.00
Credit Card Expiration Date (mm/yyyy)	CVV Code		



USCIS
Attn: NFB
P.O. Box 21281
Phoenix, AZ 85036-1281

RE: Form I-824 - Request for Action on an Approved Application or Petition
Applicant: **Amy Elizabeth Williams** Beneficiary: **Gabriel Margraf**
Receipt Number: **IOE0920733236**

Dear Sir or Madam,

I am submitting Form I-824, Application for Action on an Approved Application or Petition, on behalf of Amy Elizabeth Williams, whose Form I-130 (Petition for Alien Relative) has been approved, listing her spouse, Gabriel Margraf, as the beneficiary.

The purpose of this application is to request that USCIS notify the National Visa Center (NVC) of the approval so that consular processing for Gabriel Margraf may proceed accordingly.

The approved Form I-130 establishes Amy Elizabeth Williams as the petitioner and Gabriel Margraf as her spouse. As the I-130 petition has already been favorably adjudicated, we respectfully request that USCIS take the necessary steps to forward the approval to the NVC, thereby allowing the immigrant visa process to continue through consular processing.

Enclosed please find the necessary documents and forms:

- Form G-1450, Authorization for Credit Card Transactions;
- Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative;
- Form I-824, Application for Action on an Approved Application or Petition;
- Gabriel Margraf's Approval Notice of Form I-130
- Gabriel Margraf's Passport;
- Gabriel Margraf's Birth Certificate with English Translation;

Thank you for your time and consideration. Should you have any questions or require additional information, please feel free to contact me using the information provided below.

Sincerely,



03/27/2026

Otavio Haverroth Silva (SBN: 343486)
Attorney at Law - 510-241-9336



Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)
▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **HAVERROTH SILVA**
2.b. Given Name (First Name) **Otavio**
2.c. Middle Name **N/A**

Address of Attorney or Accredited Representative

3.a. Street Number and Name **PO Box 90487**
3.b. Apt. Ste. Flr. **N/A**
3.c. City or Town **San Diego**
3.d. State **CA** 3.e. ZIP Code **92169**
(USPS ZIP Code Lookup)
3.f. Province **N/A**
3.g. Postal Code **N/A**
3.h. Country **USA**

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number **5102419336**
5. Mobile Telephone Number (if any) **5102419336**
6. Email Address (if any) **otavio@legalhs.com**
7. Fax Number (if any) **N/A**

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority
California

1.b. Bar Number (if applicable)
343486

1.c. I (select **only one** box) am not am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)
HS Law Corp

2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization
N/A

2.c. Date of Accreditation (mm/dd/yyyy)
N/A

3. I am associated with **N/A**, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate
N/A



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a. U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
- 4. Receipt Number (if any)
▶ /
- 5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
 Applicant Petitioner Requestor
 Beneficiary/Derivative Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
- 8. Client's USCIS Online Account Number (if any)
▶ /
- 9. Client's Alien Registration Number (A-Number) (if any)
▶ A- /

Client's Contact Information

- 10. Daytime Telephone Number
- 11. Mobile Telephone Number (if any)
- 12. Email Address (if any)

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name
- 13.b. Apt. Ste. Flr.
- 13.c. City or Town
- 13.d. State 13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.

- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).

NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**

- 1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

- 2.a. Signature of Client or Authorized Signatory for an Entity
➔

- 2.b. Date of Signature (mm/dd/yyyy)

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

- 1. a. Signature of Attorney or Accredited Representative

- 1.b. Date of Signature (mm/dd/yyyy)

- 2.a. Signature of Law Student or Law Graduate

- 2.b. Date of Signature (mm/dd/yyyy)





Notice of Entry of Appearance as Attorney or Accredited Representative

Department of Homeland Security

DHS
Form G-28
OMB No. 1615-0105
Expires 05/31/2021

Part 1. Information About Attorney or Accredited Representative

1. USCIS Online Account Number (if any)
▶ 0 0 7 4 9 2 6 2 5 4 3 8

Name of Attorney or Accredited Representative

2.a. Family Name (Last Name) **HAVERROTH SILVA**
2.b. Given Name (First Name) **Otavio**
2.c. Middle Name **N/A**

Address of Attorney or Accredited Representative

3.a. Street Number and Name **PO Box 90487**
3.b. Apt. Ste. Flr. **N/A**
3.c. City or Town **San Diego**
3.d. State **CA** 3.e. ZIP Code **92169**
(USPS ZIP Code Lookup)
3.f. Province **N/A**
3.g. Postal Code **N/A**
3.h. Country **USA**

Contact Information of Attorney or Accredited Representative

4. Daytime Telephone Number **5102419336**
5. Mobile Telephone Number (if any) **5102419336**
6. Email Address (if any) **otavio@legalhs.com**
7. Fax Number (if any) **N/A**

Part 2. Eligibility Information for Attorney or Accredited Representative

Select **all applicable** items.

1.a. I am an attorney eligible to practice law in, and a member in good standing of, the bar of the highest courts of the following states, possessions, territories, commonwealths, or the District of Columbia. If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

Licensing Authority
California

1.b. Bar Number (if applicable)
343486

1.c. I (select **only one** box) am not am subject to any order suspending, enjoining, restraining, disbaring, or otherwise restricting me in the practice of law. If you are subject to any orders, use the space provided in **Part 6. Additional Information** to provide an explanation.

1.d. Name of Law Firm or Organization (if applicable)
HS Law Corp

2.a. I am an accredited representative of the following qualified nonprofit religious, charitable, social service, or similar organization established in the United States and recognized by the Department of Justice in accordance with 8 CFR part 1292.

2.b. Name of Recognized Organization
N/A

2.c. Date of Accreditation (mm/dd/yyyy)
N/A

3. I am associated with **N/A**, the attorney or accredited representative of record who previously filed Form G-28 in this case, and my appearance as an attorney or accredited representative for a limited purpose is at his or her request.

4.a. I am a law student or law graduate working under the direct supervision of the attorney or accredited representative of record on this form in accordance with the requirements in 8 CFR 292.1(a)(2).

4.b. Name of Law Student or Law Graduate
N/A



Part 3. Notice of Appearance as Attorney or Accredited Representative

If you need extra space to complete this section, use the space provided in **Part 6. Additional Information**.

This appearance relates to immigration matters before (select **only one** box):

- 1.a. U.S. Citizenship and Immigration Services (USCIS)
- 1.b. List the form numbers or specific matter in which appearance is entered.
- 2.a. U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
- 3.a. U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
- 4. Receipt Number (if any)
- 5. I enter my appearance as an attorney or accredited representative at the request of the (select **only one** box):
 Applicant Petitioner Requestor
 Beneficiary/Derivative Respondent (ICE, CBP)

Information About Client (Applicant, Petitioner, Requestor, Beneficiary or Derivative, Respondent, or Authorized Signatory for an Entity)

- 6.a. Family Name (Last Name)
- 6.b. Given Name (First Name)
- 6.c. Middle Name
- 7.a. Name of Entity (if applicable)
- 7.b. Title of Authorized Signatory for Entity (if applicable)
- 8. Client's USCIS Online Account Number (if any)
- 9. Client's Alien Registration Number (A-Number) (if any)

Client's Contact Information

- 10. Daytime Telephone Number
- 11. Mobile Telephone Number (if any)
- 12. Email Address (if any)

Mailing Address of Client

NOTE: Provide the client's mailing address. **Do not** provide the business mailing address of the attorney or accredited representative **unless** it serves as the safe mailing address on the application or petition being filed with this Form G-28.

- 13.a. Street Number and Name
- 13.b. Apt. Ste. Flr.
- 13.c. City or Town
- 13.d. State 13.e. ZIP Code
- 13.f. Province
- 13.g. Postal Code
- 13.h. Country

Part 4. Client's Consent to Representation and Signature

Consent to Representation and Release of Information

I have requested the representation of and consented to being represented by the attorney or accredited representative named in **Part 1.** of this form. According to the Privacy Act of 1974 and U.S. Department of Homeland Security (DHS) policy, I also consent to the disclosure to the named attorney or accredited representative of any records pertaining to me that appear in any system of records of USCIS, ICE, or CBP.



Part 4. Client's Consent to Representation and Signature (continued)

Options Regarding Receipt of USCIS Notices and Documents

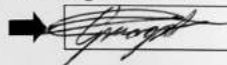
USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

If you want to have notices and/or secure identity documents sent to your attorney or accredited representative of record rather than to you, please select **all applicable** items below. You may change these elections through written notice to USCIS.

- 1.a. I request that USCIS send original notices on an application or petition to the business address of my attorney or accredited representative as listed in this form.
- 1.b. I request that USCIS send any secure identity document (Permanent Resident Card, Employment Authorization Document, or Travel Document) that I receive to the U.S. business address of my attorney or accredited representative (or to a designated military or diplomatic address in a foreign country (if permitted)).
NOTE: If your notice contains Form I-94, Arrival-Departure Record, USCIS will send the notice to the U.S. business address of your attorney or accredited representative. If you would rather have your Form I-94 sent directly to you, select **Item Number 1.c.**
- 1.c. I request that USCIS send my notice containing Form I-94 to me at my U.S. mailing address.

Signature of Client or Authorized Signatory for an Entity

2.a. Signature of Client or Authorized Signatory for an Entity



2.b. Date of Signature (mm/dd/yyyy) **03/02/2026**

Part 5. Signature of Attorney or Accredited Representative

I have read and understand the regulations and conditions contained in 8 CFR 103.2 and 292 governing appearances and representation before DHS. I declare under penalty of perjury under the laws of the United States that the information I have provided on this form is true and correct.

1. a. Signature of Attorney or Accredited Representative



1.b. Date of Signature (mm/dd/yyyy) **03/02/2026**

2.a. Signature of Law Student or Law Graduate

2.b. Date of Signature (mm/dd/yyyy) **N/A**





Application for Action on an Approved Application or Petition

USCIS

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-824
OMB No. 1615-0044
Expires 03/31/2027

For USCIS Use Only	Returned		Fee Stamp	Action Block
	Date	Date		
	Resubmitted			
	Date	Date		
	Relocated			
Received	Sent			
Priority Date: _____ Country of Chargeability: _____ Classification Code: _____			Remarks Date the Previously Approved Visa Petition Was Filed (Form I-130, I-140 or I-360): _____ Date the Previous Visa Petition Was Approved (Form I-130, I-140 or I-360): _____	

To be completed by an attorney or BIA-accredited representative (if any).	<input checked="" type="checkbox"/> Select this box if Form G-28 or G-28I is attached.	Attorney State Bar Number (if applicable) <input type="text" value="343486"/>	Attorney or Accredited Representative USCIS Online Account Number (if any) <input type="text" value="007492625438"/>
--	---	---	--

► **START HERE - Type or print in black ink.**

Part 1. Information About You (Person filing this Application)

1. I am the (select **only one**): Applicant Petitioner on the previously approved application or petition.

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

3. Company or Organization Name (if any)

4. Current/Recent Immigration Status

NOTE: If you are a U.S. citizen, type or print "N/A" for **Item Number 4.**

5. Certificate of Naturalization or Citizenship Number (if any)

6. Alien Registration Number (A-Number) (if any)
► A- /

7. Date of Birth (mm/dd/yyyy)

8. Country of Birth

9. Country of Citizenship or Nationality

10. IRS Tax Number (if any)

11. U.S. Social Security Number (if any)
►

12. USCIS Online Account Number (if any)
►

Mailing Address

13.a. In Care Of Name

13.b. Street Number and Name

13.c. Apt. Ste. Flr.

13.d. City or Town

13.e. State

13.g. Province

13.h. Postal Code

13.i. Country



Part 1. Information About You (Person filing this Application) (continued)

Physical Address

14.a. Street Number and Name

14.b. Apt. Ste. Flr.

14.c. City or Town

14.d. State 14.e. ZIP Code

14.f. Province

14.g. Postal Code

14.h. Country

Part 2. Reason for Request

I am requesting (select only one):

- 1.a. A duplicate approval notice.
- 1.b. U.S. Citizenship and Immigration Services (USCIS) to notify a new U.S. Consulate, different from the one that I originally requested, through the U.S. Department of State's National Visa Center (NVC) or Kentucky Consular Center. USCIS will notify the U.S. Consulate about the approval of a nonimmigrant visa petition or about a new Port-of-Entry (the Port-of-Entry is different from what I originally requested) about the approval of a waiver application. Please notify the U.S. Consulate or Port-of-Entry at:
- 1.c. USCIS to notify a U.S. Consulate through the NVC about my adjustment of status to permanent resident in the United States. Please notify the U.S. Consulate at: so that my spouse and/or children may accompany or follow-to-join me.
- 1.d. USCIS to send my approved immigrant visa petition to the NVC.
- 1.e. USCIS to notify the U.S. Department of State that I have become a U.S. citizen through naturalization.

Part 3. Other Information

Provide the following information about the principal beneficiary of the previous application or petition, if other than you.

1.a. Form Number of Previously Approved Application or Petition

1.b. Receipt Number (On Form I-797, Notice of Action)

1.c. Filing Date of Application or Petition (mm/dd/yyyy)

1.d. Approval Date (mm/dd/yyyy)

2.a. Family Name (Last Name)

2.b. Given Name (First Name)

2.c. Middle Name

2.d. Date of Birth (mm/dd/yyyy)

2.e. Country of Birth

2.f. Alien Registration Number (A-Number) (if any)

2.g. Daytime Telephone Number

Mailing Address

3.a. In Care Of Name

3.b. Street Number and Name

3.c. Apt. Ste. Flr.

3.d. City or Town

3.e. State 3.f. ZIP Code

3.g. Province

3.h. Postal Code

3.i. Country



Part 3. Other Information (continued)

Physical Address

4.a. Street Number and Name

4.b. Apt. Ste. Flr.

4.c. City or Town

4.d. State 4.e. ZIP Code

4.f. Province

4.g. Postal Code

4.h. Country

Dependents

If you selected **Part 2., Item Number 1.c.**, provide the following information about the dependents for whom you are requesting follow-to-join benefits. If you need additional space for your dependents, use the space provided in **Part 7. Additional Information**, and include all the information collected in **Item Numbers 5.a. - 11.**

5.a. Family Name (Last Name)

5.b. Given Name (First Name)

5.c. Middle Name

6. Date of Birth (mm/dd/yyyy)

7. Country of Birth

8. Country of Citizenship or Nationality

9. Relationship to Principal Applicant

10. Dependent's Email Address (if any)

11. Dependent's Daytime Telephone Number

12.a. Family Name (Last Name)

12.b. Given Name (First Name)

12.c. Middle Name

13. Date of Birth (mm/dd/yyyy)

14. Country of Birth

15. Country of Citizenship or Nationality

16. Relationship to Principal Applicant

17. Dependent's Email Address (if any)

18. Dependent's Daytime Telephone Number

19.a. Family Name (Last Name)

19.b. Given Name (First Name)

19.c. Middle Name

20. Date of Birth (mm/dd/yyyy)

21. Country of Birth

22. Country of Citizenship or Nationality

23. Relationship to Principal Applicant

24. Dependent's Email Address (if any)

25. Dependent's Daytime Telephone Number



Part 3. Other Information (continued)

- 26.a. Family Name (Last Name)
- 26.b. Given Name (First Name)
- 26.c. Middle Name
27. Date of Birth (mm/dd/yyyy)
28. Country of Birth
29. Country of Citizenship or Nationality
30. Relationship to Principal Applicant
31. Dependent's Email Address (if any)
32. Dependent's Daytime Telephone Number

Foreign Address of Dependents

- 33.a. In Care Of Name
- 33.b. Street Number and Name
- 33.c. Apt. Ste. Flr.
- 33.d. City or Town
- 33.e. Province
- 33.f. Postal Code
- 33.g. Country

Contact Information of Dependents

34. Foreign Telephone Number

Part 4. Applicant's Contact Information, Certification, and Signature**Applicant's Contact Information**

Provide your daytime telephone number, mobile telephone number (if any), and email address (if any).

1. Applicant's Daytime Telephone Number
2. Applicant's Mobile Telephone Number (if any)
3. Applicant's Email Address (if any)

Applicant's Certification and Signature

I certify, under penalty of perjury, that I provided or authorized all of the responses and information contained in and submitted with my application, I read and understand or, if interpreted to me in a language in which I am fluent by the interpreter listed in **Part 5.**, understood, all of the responses and information contained in, and submitted with, my application, and that all of the responses and the information are complete, true, and correct. Furthermore, I authorize the release of any information from any and all of my records that USCIS may need to determine my eligibility for an immigration request and to other entities and persons where necessary for the administration and enforcement of U.S. immigration law.

4. Applicant's Signature
- ➔

Part 5. Interpreter's Contact Information, Certification, and Signature**Interpreter's Full Name**

1. Interpreter's Family Name (Last Name)
- Interpreter's Given Name (First Name)
2. Interpreter's Business or Organization Name

Part 5. Interpreter's Contact Information, Certification, and Signature (continued)

Interpreter's Contact Information

- 3. Interpreter's Daytime Telephone Number
- 4. Interpreter's Mobile Telephone Number (if any)
- 5. Interpreter's Email Address (if any)

Interpreter's Certification and Signature

I certify, under penalty of perjury, that I am fluent in English and , and I have interpreted every question on the application and Instructions and interpreted the applicant's answers to the questions in that language, and the applicant informed me that they understood every instruction, question, and answer on the application.

- 6. Interpreter's Signature
- Date of Signature (mm/dd/yyyy)

Part 6. Contact Information, Declaration, and Signature of the Person Preparing this Application, if Other Than the Applicant

Preparer's Full Name

- 1. Preparer's Family Name (Last Name)
- Preparer's Given Name (First Name)
- 2. Preparer's Business or Organization Name

Preparer's Contact Information

- 3. Preparer's Daytime Telephone Number
- 4. Preparer's Mobile Telephone Number (if any)
- 5. Preparer's Email Address (if any)

Preparer's Certification and Statement

I certify, under penalty of perjury, that I prepared this application for the applicant at their request and with express consent and that all of the responses and information contained in and submitted with the application are complete, true, and correct and reflects only information provided by the applicant. The applicant reviewed the responses and information and informed me that they understand the responses and information in or submitted with the application.

Preparer's Signature

- 6. Preparer's Signature
- Date of Signature (mm/dd/yyyy)



Part 7. Additional Information

If you need extra space to provide any additional information within this application, use the space below. If you need more space than what is provided, you may make copies of this page to complete and file with this application or attach a separate sheet of paper. Type or print your name and A-Number (if any) at the top of each sheet; indicate the **Page Number, Part Number, and Item Number** to which your answer refers; and sign and date each sheet.

1.a. Family Name (Last Name)

1.b. Given Name (First Name)

1.c. Middle Name

2. A-Number (if any) ▶ A-

3.a. Page Number 3.b. Part Number 3.c. Item Number

3.d. **N/A**

4.a. Page Number 4.b. Part Number 4.c. Item Number

4.d. **N/A**

5.a. Page Number 5.b. Part Number 5.c. Item Number

5.d. **N/A**

6.a. Page Number 6.b. Part Number 6.c. Item Number

6.d. **N/A**

7.a. Page Number 7.b. Part Number 7.c. Item Number

7.d. **N/A**



Exhibit list

Exhibits:

Pages:

**Exhibit 1 - Gabriel Margraf's Form I-797 for the
Previously Approved Petition - Approved Form I-130**

Gabriel Margraf's Approval Notice of Form I-130 1

Exhibit 2 - Gabriel Margraf's Identification Documents;

Gabriel Margraf's Birth Certificate with English
Translation; 2-6

Gabriel Margraf's Passport. 7-22

**Exhibit 1 - Gabriel
Margraf's Form I-797
for the Previously
Approved Petition -
Approved Form I-130**

THE UNITED STATES OF AMERICA

I-797 | NOTICE OF ACTION | DEPARTMENT OF HOMELAND SECURITY U.S. CITIZENSHIP AND IMMIGRATION SERVICES

Receipt Number IOE0920733236		Case Type I130 - PETITION FOR ALIEN RELATIVE
Received Date 05/22/2023	Priority Date 05/22/2023	Petitioner WILLIAMS, AMY ELIZABETH
Notice Date 05/23/2024	Page 1 of 1	Beneficiary A232 626 414 MARGRAF, GABRIEL

WILLIAMS, AMY ELIZABETH
c/o AMY ELIZABETH WILLIAMS
100 WOODCREEK DRIVE APT O
CARY NC 27511

Notice Type: Approval Notice
Section: Husband or wife of U.S Citizen, 201(b)
INA

The above petition has been approved. The petition indicates that the beneficiary wishes to apply for adjustment of status to that of a lawful permanent resident. They should submit a copy of this notice, along with a Form I-495, Application to Register Permanent Residence or Adjust Status. The beneficiary can obtain Form I-485 from the USCIS website at www.uscis.gov, by contacting the USCIS Contact Center at 1-800-375-5283, or by visiting the local USCIS field office. Filing address information can be found on the USCIS website at www.uscis.gov.

If the beneficiary decides to apply for an immigrant visa outside the United States based on this petition once the priority date is current and the visa is available, the petitioner should file Form I-824, Application for Action on an Approved Application or Petition with fee, to request that we send the petition to the U.S. Department of State National Visa Center (NVC). Please refer to I-824 filing instructions at USCIS.gov.

The NVC processes all approved immigrant visa petitions that require consular action. The NVC also determines which consular post is the appropriate consulate to complete visa processing. It will then forward the approved petition to that consulate.

The NVC will contact the beneficiary of this petition with further information about immigrant visa processing steps.

THIS NOTICE IS NOT A VISA AND MAY NOT BE USED IN PLACE OF A VISA.

The approval of this visa petition does not in itself grant any immigration status and does not guarantee that the alien beneficiary will subsequently be found to be eligible for a visa, for admission to the United States, or for an extension, change, or adjustment of status.

NOTICE: Although this application or petition has been approved, USCIS and the U.S. Department of Homeland Security reserve the right to verify this information before and/or after making a decision on your case so we can ensure that you have complied with applicable laws, rules, regulations, and other legal authorities. We may review public information and records, contact others by mail, the internet or phone, conduct site inspections of businesses and residences, or use other methods of verification. We will use the information obtained to determine whether you are eligible for the benefit you seek. If we find any derogatory information, we will follow the law in determining whether to provide you (and the legal representative listed on your Form G-28, if you submitted one) an opportunity to address that information before we make a formal decision on your case or start proceedings.

Please see the additional information on the back. You will be notified separately about any other cases you filed.

USCIS encourages you to sign up for a USCIS online account. To learn more about creating an account and the benefits, go to <https://www.uscis.gov/file-online>.

National Benefits Center
U.S. CITIZENSHIP & IMMIGRATION SVC
P.O. Box 648003
Lee's Summit MO 64002



USCIS Contact Center: www.uscis.gov/contactcenter

**Exhibit 2 - Gabriel
Margraf's
Identification
Documents;**



FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OFFICE OF NATURAL PERSONS

---//signature//---

Full Birth Certificate

NAME

GABRIEL MARGRAF

REGISTRATION

08326101551995100046208002319510

**TATIANE DE ALMEIDA
FERREIRA FURTADO**
Clerk

FULL DESCRIPTION

I CERTIFY that upon reviewing the BIRTH RECORDS of this Registry, at the request of the interested party, I found in them a record with the following content: under number twenty-three thousand one hundred ninety-five, page two hundred eight of Book A-forty-six, on the twelfth day of the month of April of the year one thousand nine hundred ninety-five (04/12/1995), in this District of Bacacheri, Municipality and Judicial District of Curitiba, State of Paraná, appeared THE FATHER - ID No. 3.557.303-8-PR. and declared that, on the eighth (08) of April (04) of one thousand nine hundred ninety-five (1995), at two ten a.m. (02:10), at SANTA CRUZ HOSPITAL - CURITIBA-PR, a male child was born, who was given the name: GABRIEL MARGRAF, son of OLDEMAR MARGRAF FILHO and MARI MARCIA BELLEI MARGRAF, he a communications technician, she a banker, both from this State, residing and domiciled at Rua Gastão Luiz Cruz No. 465 – Alto Neighborhood, in this Capital. Paternal grandparents are OLDEMAR MARGRAF and OLGA ROMANIUK; and maternal grandparents are BALDOINO BELLEI and GEMA PIT BELLEI. Order of birth: first child. Mother's age at the time of delivery: twenty-six (26) years. No further declarations were made; the witnesses to this act were waived, due to the submission of declaration No. 16535469, in accordance with item 17.2.5 of the Code of Norms of the C.G.J.; I certify. Read and found in conformity, the declarant signs. I, (aa) Mariliz de Fatima Schaufteck - sworn employee, wrote it. I, (aa) Rogério Portugal Bacellar - Registrar, countersigned it. This is the content of said record, which was duly and faithfully extracted from the original, to which I refer and certify. Note: The following ANNOTATION and ENTRY appear in the said record: According to the communication from the Uberaba District Service - Curitiba/PR, dated 01/11/2016, through the Messenger system of the Court of Justice of the State of Paraná, Provision 151/2008. GABRIEL MARGRAF married FRANCINE ZAMPIERI on (CONTINUED ON THE BACK)

I certify that, on June 30, 2023, this certificate was issued by the Civil Registry Information Center, and the authenticity of its ICP-Brasil standard digital signature has been verified by me.

Certificate drawn up by Bettina Augusta Amorim Bulzico - Registrar of the Civil Registry of Natural Persons of Curitiba - Bacacheri District, who electronically signed it on June 29, 2023, in accordance with Provision No. 46/2015 of the National Council of Justice

Civil Registry Registrar of Natural Persons
Curitiba – Bacacheri District – PR
Bettina Augusta Amorim Bulzico – Registrar
Avenida Paraná, 1130 – Cabral – ZIP Code: 80035-130
Email: financeiro@cartoriodobacacheri.com.br
Phone: (41) 30717000

The Content of this Certificate is true. I certify.

---//signature//---

Curitiba – Uberaba District
ELAINE BLANSKY – DEPUTY
Amount received for the electronic certificate: R\$ 103.47
Amount received for the issuance: R\$54.92

**TATIANE DE ALMEIDA
FERREIRA FURTADO**
Clerk

JUDICIARY – TJPR
JUDICIAL ADMINISTRATIVE DEPARTMENT
Digital Seal: SFRC2. 7cQt8.jaPUdzsDGJ.F411q
Check the seal at http://funarpen.com.br



JUDICIARY – TJPR
JUDICIAL ADMINISTRATIVE DEPARTMENT
Digital Seal: SFRC2. LcN58.Kxj88-53leu.F409q
Check the seal at http://funarpen.com.br



FULL DESCRIPTION

01/09/2016. The contracting party continues to sign: FRANCINE ZAMPIERI. According to record No. 38844 on pages 65 of Book B-179 of that Registry. As per the Public Deed executed on 01/17/2022 at the UBERABA DISTRICT SERVICE, on pages 12 to 14 of Book 686, the DIVORCE of the couple is recorded. The communication is filed in a folder under No. 002, on page 103, annotated on 04/07/2022

Civil Registry Registrar of Natural Persons
 Curitiba – Bacacheri District – PR
 Bettina Augusta Amorim Bulzico – Registrar
 Avenida Paraná, 1130 – Cabral – ZIP Code: 80035-130
 Email: financeiro@cartoriodobacacheri.com.br
 Phone: (41) 30717000

The Content of this Certificate is true. I certify.

---//signature//---

Curitiba – Uberaba District
 ELAINE BLANSKY – DEPUTY
 Amount received for the electronic certificate: R\$ 103.47
 Amount received for the issuance: R\$54.92



**TATIANE DE ALMEIDA
 FERREIRA FURTADO**
 Clerk



DETAILED INFORMATION OF THE REGISTRATION	
REGISTRATION	
STANDARD	
DETAILING	
	NATIONAL REGISTRY OFFICE CODE (UNIQUE IDENTIFICATION OF THE NOTARY OFFICE)
	ARCHIVE CODE, BEING: 01-OWN ARCHIVE OTHER INCORPORATED ARCHIVES
	TYPE OF SERVICE PROVIDED, BEING: 51: NOTARY SERVICE 52: TITLE PROTEST SERVICE 53: REAL ESTATE REGISTRATION SERVICE 54: TITLE AND DOCUMENT REGISTRATION SERVICE AND CIVIL REGISTRATION OF LEGAL ENTITIES 55: CIVIL REGISTRATION SERVICE OF NATURAL PERSONS 56: MARITIME CONTRACT REGISTRATION SERVICE 57: DISTRIBUTION REGISTRY
	YEAR OF REGISTRATION
	TYPE OF BOOK, BEING: 1: BOOK A (BIRTH) 2: BOOK B (MARRIAGE) 3: BOOK B (RELIGIOUS MARRIAGE REGISTRATION FOR CIVIL PURPOSES) 4: BOOK C (DEATH) 5: AUXILIARY BOOK C (STILLBIRTH REGISTRATION) 6: BOOK D (PUBLICATION OF BANNS REGISTRATION) 7: BOOK E (OTHER ACTS RELATED TO CIVIL REGISTRATION)
	BOOK NUMBER
	PAGE NUMBER
	ENTRY NUMBER
	CHECKING DIGIT

I, André Vinícius Inacio Penna Mello, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.



Date: September 3, 2025.



TATIANE DE ALMEIDA
FERREIRA FURTADO
Escrevente

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS
Certidão Inteiro Teor de Nascimento

NOME
GABRIEL MARGRAF

MATRÍCULA
08326101551995100046208002319510

DESCRIÇÃO INTEIRO TEOR

CERTIFICO que revendo os livros de REGISTRO DE NASCIMENTOS deste Ofício, a pedido da pessoa interessada, neles encontrei um termo, de teor seguinte: sob número vinte e três mil e cento e noventa e cinco, folha duzentos e oito do livro A-quarenta e seis, aos doze dias do mês de abril do ano de um mil e novecentos e noventa e cinco (12/04/1995), neste Distrito de Bacacheri, Município e Comarca de Curitiba, Estado do Paraná, compareceu O PAI- RG.nº 3.557.303-8-PR, e declarou que, no dia oito (08) de abril (04) de mil novecentos e noventa e cinco (1995), às duas horas e dez minutos (02:10h), em HOSPITAL SANTA CRUZ - CURITIBA-PR, nasceu uma criança do sexo masculino, que recebeu o nome de: GABRIEL MARGRAF, filho de OLDEMAR MARGRAF FILHO e de MARI MARCIA BELLEI MARGRAF, ele técnico em telecomunicações, ela bancária, naturais deste Estado, residentes e domiciliados à Rua Gastão Luiz Cruz nº465- Bairro Alto, nesta Capital. São avós paternos OLDEMAR MARGRAF e OLGA ROMANIUK; e avós maternos BALDOINO BELLEI e GEMA PIT BELLEI. Ordem de filiação: é o primeiro filho. Idade da mãe por ocasião do parto: vinte e seis (26) anos. Nada mais declarou; dispensadas as testemunhas deste ato, pela apresentação da declaração nº 16535469, de acordo com o item 17.2.5 do Código de Normas da C.G.J.; dou fé. Lido e achado conforme, assina o declarante. Eu (aa) Marilíz de Fatima Schausteck- empregada juramentada, o escrevi. Eu (aa) Rogério Portugal Bacellar-Oficial a subscrevi. Era o que continha em dito assento o qual foi bem e fielmente extralido do próprio original, ao qual me reporto e dou fé. Observação: Consta do referido Assento a seguinte AVERBAÇÃO e ANOTAÇÃO: Conforme comunicado do Serviço Distrital do Uberaba - Curitiba/PR, datado de 11/01/2016, através do sistema Mensageiro do Tribunal de Justiça do Estado do Paraná, Provimento 151/2008. GABRIEL MARGRAF, casou-se com: FRANCINE ZAMPIERI, no
(CONTINUA NO VERSO)

Certifico que, em data de 30 de Junho de 2023, foi materializada esta certidão enviada pela Central de Informações do Registro Civil, sendo a autenticidade de sua assinatura digital padrão ICP-Brasil por mim conferida.

Certidão lavrada por Bettina Augusta Amorim Bulzico - Oficial do Registro Civil das Pessoas Naturais de Curitiba - Distrito Bacacheri, a qual assinou eletronicamente aos 29 de Junho de 2023, nos termos do Provimento nº 46/2015 do Conselho Nacional de Justiça.

Oficial de Registro Civil das Pessoas Naturais
Curitiba - Distrito Bacacheri - PR
Bettina Augusta Amorim Bulzico - Oficial
Avenida Paraná, 1130 - Cabral - CEP: 80035-130
E-mail: financeiro@cartorioodobacacheri.com.br
Tel. (41) 30717000

O Conteúdo da Certidão é verdadeiro. Dou Fé,

Elaine Blansky

Curitiba - Distrito Uberaba
ELAINE BLANSKY - SUBSTITUTA

Valor recebido pela certidão eletrônica: R\$ 103,47
Valor recebido pela materialização: R\$ 54,92

TATIANE DE ALMEIDA
FERREIRA FURTADO
Escrevente

PODER JUDICIÁRIO - TJPR
CORREGEDORIA GERAL DE JUSTIÇA
Selo Digital: SFRC2.7cQ18.jaPUdzsDGJ.F411q
Consulte selo em
<http://funarpen.com.br>



PODER JUDICIÁRIO - TJPR
CORREGEDORIA GERAL DE JUSTIÇA
Selo Digital: SFRC2.LcN58.Kxj8B-531eu.F409q
Consulte selo em
<http://funarpen.com.br>



FUNARPEN BC 03541110 BRP

DESCRIÇÃO INTEIRO TEOR

dia 09/01/2016. Continuando a contraente a assinar: FRANCINE ZAMPIERI. Segundo consta o termo nº 38844 às folhas 65 do livro B-179 daquele Ofício. Conforme Escritura Pública lavrada aos 17/01/2022 no SERVIÇO DISTRITAL DO UBERABA, às folhas 12 A 14, do livro 686, fica constando a anotação de DIVORCIO do casal. Cujo comunicado fica arquivado em pasta sob nº 002, as fis. 103, averbado no dia 07/04/2022.

Oficial de Registro Civil das Pessoas Naturais
 Curitiba - Distrito Bacacheri - PR
 Bettina Augusta Amorim Bulzico - Oficial
 Avenida Paraná, 1130 - Cabral - CEP: 80035-130
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Curitiba - Distrito Uberaba
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TATIANE DE ALMEIDA FERREIRA FURTADO
 Escrevente



DETALHAMENTO DA MATRÍCULA	
MATRÍCULA	
RAZÃO	
DETALHAMENTO	
CÓDIGO NACIONAL DA SERVIDADE (IDENTIFICAÇÃO ÚNICA DO CARTÓRIO)	
CÓDIGO DO ACERVO, SENDO: 01 - ACERVO PRÓPRIO OUTROS - ACERVOS VICIOPORADOS	
TIPO DE SERVIÇO PRESTADO, SENDO: 31 - SERVIÇO DE NOTAS 32 - SERVIÇO DE PROTECTOR DE TÍTULOS 33 - SERVIÇO DE REGISTRO DE IMÓVEIS 34 - SERVIÇO DE REGISTRO DE TÍTULOS E DOCUMENTOS CIVIS DE PESSOA FÍSICA 35 - SERVIÇO DE REGISTRO CIVIL DAS PESSOAS NATURAIS 36 - SERVIÇO DE REGISTRO DE CONTRAÍDOS MARIITIMOS 37 - REGISTRO DE DISTRIBUIÇÃO	
ANO DO REGISTRO	
TIPO DO LIVRO, SENDO: 1 - LIVRO A (NASCIMENTO) 2 - LIVRO B (CASAMENTO) 3 - LIVRO D (REGISTRO DE CASAMENTO RELIGIOSO PARA FINS CIVIS) 4 - LIVRO C (SEPO) 5 - LIVRO E (REGISTRO DE NATIMORTOS) 6 - LIVRO D (REGISTRO DE PROCLAMAS) 7 - LIVRO F (DEMANDAS RELATIVAS AO REGISTRO CIVIL)	
NÚMERO DO LIVRO	
NÚMERO DA FOLHA	
NÚMERO DO TERMO	
DÍGITO VERIFICADOR	





4

Este passaporte contém 32 páginas numeradas.

Ce passeport contient 32 pages numérotées.

This passport contains 32 numbered pages.

Este pasaporte contiene 32 páginas numeradas.

Roga-se às autoridades estrangeiras que prestem ao titular deste passaporte auxílio e assistência em caso de necessidade.

Les autorités des Etats étrangers sont priées de bien vouloir prêter au titulaire de ce passaport aide et assistance au besoin.

Foreign authorities are requested to afford the bearer such assistance and protection as may be necessary.

Se ruega a las autoridades extranjeras que prestem al titular de este pasaporte auxilio y asistencia en caso de necesidad.

Este passaporte é válido para todos os países com os quais o Brasil mantém relações diplomáticas.

Ce passeport est valable dans tous les pays avec lesquels le Brésil maintient des relations diplomatiques.

This passport is valid for all countries with which Brazil maintains diplomatic relations.

Este pasaporte es válido para todos los países con los que Brasil mantiene relaciones diplomáticas.



Flora de Lábrea



Burro

091900019



Para uso das autoridades brasileiras. NÃO CARIMBAR ESTA PAGINA.

Reservé aux autorités brésiliennes. NE PAS TAMPONNER CETTE PAGE.

For the use of Brazilian authorities. DO NOT STAMP THIS PAGE.

Para uso de las autoridades brasileñas. NO SELLAR ESTA PAGINA.



Carajá (Amazonas)



Doi (Rio de Janeiro)

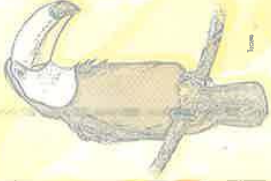
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6

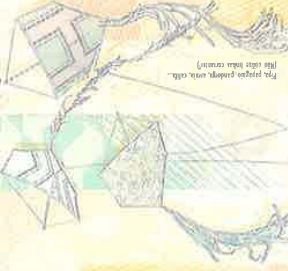
INFORMAÇÕES PARA O TITULAR

Este passaporte é propriedade da República Federativa do Brasil e qualquer tentativa de adulteração o tornará inválido. O extravio – perda, roubo ou destruição – do passaporte constitui fato grave e deve ser comunicado imediatamente à autoridade policial e à Embaixada ou ao Consulado do Brasil, conforme o caso. Para isso, recomenda-se que o titular copie as informações da página 2.



É recomendável que o brasileiro residente no exterior matricule-se na Embaixada ou Consulado do Brasil mais próximo de seu local de residência. Brasileiros de passagem por região conurbada devem entrar em contato com a Embaixada ou o Consulado do Brasil mais próximo para fornecer nome completo, endereço e número do passaporte. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte. O brasileiro que viaje por áreas conurbadas deve estar presente, que a assistência do Governo Brasileiro poderá ser limitada e dependerá das autoridades locais. A contratação de seguro de viagem poderá trazer tranquilidade ao viajante e seus familiares.

Se o passaporte for entregue a pessoa ou serviço que não pertença ao Governo Brasileiro (por exemplo para obtenção de visto, compra de passagem, etc.) e não for restituído, o titular **deve** considerá-lo como extraviado. A concessão de novo passaporte em substituição ao extraviado depende de investigação. Apenas o titular do passaporte poderá usá-lo. A utilização fraudulenta ou a cessação a outra pessoa constituem crimes, pela lei brasileira. Para ressaltar sua responsabilidade, o titular deve assinar seu passaporte, no local previsto na página 3, imediatamente após recebê-lo. Este passaporte só é válido com a assinatura do titular, salvo em caso de incapacidade.



É responsabilidade do titular verificar, antes da viagem, a validade do passaporte e a necessidade de visto. O titular poderá solicitar a substituição do passaporte mesmo antes do vencimento em vista que muitos países exigem prazo mínimo de validade. O menor de idade, não emancipado, viajando desacompanhado de qualquer um dos pais, ou responsável legal, só poderá sair do Brasil munido de documentação pertinente prevista em lei. O cidadão brasileiro que tenha outra nacionalidade deve ter em conta que a assistência consular brasileira no país de que também é nacional poderá ser consideravelmente limitada.



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Consulte / Consulte / Consulte
www.portalconsular.mre.gov.br ou www.pf.gov.br























30

Os campos abaixo devem ser preenchidos pelo titular. Aconselha-se usar lápis preto para possibilitar a atualização dos dados.

ENDERECO DO TITULAR / ADRESSE DU TITULAIRE / BEARER'S ADDRESS / DIRECCION DEL TITULAR

Endereço / Address
Cidade / City
Estado / State
País / Country
Telefone / Phone



Pinus sp. (Pinaceae) / Pinus sp. (Pinaceae)



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DO BRASIL



31

Em caso de acidente, avisar a Embaixada ou ao Consulado do Brasil mais próximo e à pessoa abaixo indicada:

En cas d'accident, contacter l'Ambassade ou le Consulat du Brésil le plus proche ainsi que la personne indiquée ci-dessous:

In case of accident, notify the nearest Brazilian Embassy or Consulate and the individual named below:

En caso de accidente, contactar con la Embajada o el Consulado de Brasil más próximo y la persona indicada abajo:

Nome / Name
Endereço / Address
Cidade / City
Estado / State
País / Country
Telefone / Phone



Brasão do Brasil



Emu

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FEDERATIVA
DO BRASIL



32

Este passaporte contém um dispositivo eletrônico e elementos de segurança sensíveis.

Não dobre, perfure ou exponha este documento a temperaturas elevadas, umidade e luz excessivas, campos eletromagnéticos intensos ou substâncias químicas.

Além do respeito e dos cuidados normais dispensados a um passaporte, tenha com este documento as mesmas precauções que teria com qualquer outro dispositivo eletrônico portátil, assegurando-se de que ele não ficará úmido, dobrado ou amassado.

Abusos podem afetar adversamente a operação do chip e reduzir sua utilidade para o titular e para o controle de fronteira.

Créditos e informações importantes:
Ative o endereço eletrônico ou utilize o QR Code abaixo.

<https://www.acessoinformacao.gov.br/passaporte-recurso-usuario>



Foto: G. Almeida

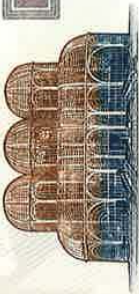


Imagem: Luchini



REPÚBLICA
FEDERATIVA
DO BRASIL

94290019



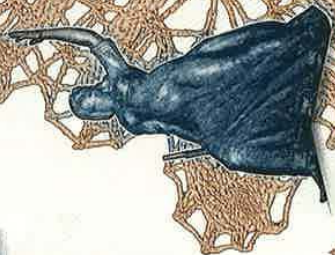
John La Roche / A. S. / Corbis / Getty Images
Rocchetto / A. S. / Corbis / Getty Images
A. S. / Corbis / Getty Images

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRAFER OU TAMPONNER CETTE PAGE

DO NOT STAPLE OR STAMP THIS PAGE

NO GRAPAR NI SELLAR ESTA PAGINA



Símbolo Internacional do Passaporte Eletrônico

CASA DA MOEDA DO BRASIL