**DECLARATION OF COMMON-LAW UNION**

**We, [FULL NAME OF DECLARANT 1], nationality [NATIONALITY], marital status [MARITAL STATUS], profession [PROFESSION], holder of ID/Passport nº [NUMBER] and CPF nº [NUMBER], residing at [FULL ADDRESS],**

**and [FULL NAME OF DECLARANT 2], nationality [NATIONALITY], marital status [MARITAL STATUS], profession [PROFESSION], holder of ID/Passport nº [NUMBER] and CPF nº [NUMBER], residing at [FULL ADDRESS],**

**DECLARE for all due purposes that we live together in a common-law union, public, continuous, and lasting, established with the intention of forming a family, in accordance with the applicable legislation.**

**Place and date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Declarant 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Declarant 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ – ID/Passport/CPF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ – ID/Passport/CPF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**