**DECLARATION OF DEPENDENTS**

**I, [FULL NAME OF DECLARANT], 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 the following are my dependents:**

1. **[FULL NAME OF DEPENDENT 1], nationality [NATIONALITY], relationship [RELATIONSHIP], date of birth [DD/MM/YYYY].**
2. **[FULL NAME OF DEPENDENT 2], nationality [NATIONALITY], relationship [RELATIONSHIP], date of birth [DD/MM/YYYY].**
3. **[OTHER DEPENDENTS, IF ANY].**

**I further declare that I assume full responsibility for the accuracy of the information provided herein.**

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

**Declarant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**