Pittsburg Police Department
65 Civic Avenue,
Pittsburg, CA 94565

RE: Request for Certification of Criminal Activity - Form I-918 Supplement B
Requestor/Victim: Gabriel Amaral Igreja represented by his mother Amanda Cassiano do Amaral Igreja
Incident Number: 210006956
Date the incident occurred: December 18 2021

To Whom It May Concern,

I am writing to request certification of the criminal activity involving victim **Gabriel Amaral Igreja**, in support of his application for U Nonimmigrant Status (Form I-918 Supplement B).

In December 2021, while attending a birthday party, Mr. Gabriel Amaral Igreja was the victim of a sexual assault committed by another child, who shall remain anonymous for protection. The incident occurred while Gabriel was playing "hide and seek" with other children. Due to his autism diagnosis, Gabriel faced significant challenges in immediately understanding and communicating the nature of the assault.

After the party, his mother, Amanda, noticed a drastic change in his behavior. She observed that Gabriel began to verbalize the events that happened at the party. Upon being gently questioned, Gabriel was able to describe in detail the sexual abuse he had suffered. Amanda immediately reported the crime to the authorities, and the victim has since cooperated with the investigation to the fullest extent of his ability. The case was formally assigned **Case No. 21-6956**.

As a direct result of this violence, Gabriel has suffered profound psychological harm, including persistent fear, anxiety, and severe emotional distress. This traumatic event has been devastating not only for Gabriel but for his entire family. Since the incident, Gabriel and his parents have been undergoing consistent psychological support and therapy to address the lasting impact of the assault.

Mr. Igreja and his family have demonstrated full and meaningful cooperation with law enforcement throughout this investigation. Despite his young age and developmental condition, he provided a detailed statement to officers with the assistance of his mother. The family remains fully committed to cooperating with any further investigation or prosecution proceedings.

Legal Basis for U Nonimmigrant Status Certification

The criminal activity described above constitutes qualifying criminal activity for purposes of U Nonimmigrant Status. Under INA § 101(a)(15)(U)(iii), qualifying criminal activity includes, among other offenses, sexual assault, abusive sexual contact, sexual exploitation, and felonious assault, as well as any similar activity in violation of federal, state, or local criminal law.

The facts of this matter are consistent with conduct recognized under California law as child sexual abuse and sexual assault. California Penal Code § 11165.1 defines “sexual abuse” to include sexual assault and specifically encompasses intentional sexual touching of a child’s genitals or intimate parts, including touching over clothing, when committed for sexual arousal or gratification. The statute further recognizes conduct involving sexual contact between children as potentially constituting sexual assault.

The fact that the alleged perpetrator was also a minor does not alter Gabriel’s status as a victim of qualifying criminal activity for U visa purposes. The relevant inquiry for certification is whether the criminal activity investigated by the certifying agency is substantially similar to one of the qualifying offenses listed in the statute

and whether the victim has been, is being, or is likely to be helpful to law enforcement. A criminal conviction, arrest, or completed prosecution is not required for the issuance of a Form I-918, Supplement B.

Gabriel has suffered substantial mental and emotional harm as a direct and proximate result of the sexual assault. His young age and autism diagnosis affected his ability to immediately recognize, process, and disclose the abuse; nevertheless, he later provided information regarding the incident with the assistance of his mother. His mother promptly reported the offense, and the family has remained willing and available to assist with any continuing investigative or prosecutorial needs.

USCIS guidance expressly permits a parent, guardian, or next friend to provide information and assist law enforcement on behalf of a victim who is under 16 years of age, incapacitated, or otherwise unable to personally provide the requested assistance. Accordingly, Gabriel's cooperation, together with the ongoing cooperation of his mother and family, satisfies the helpfulness standard required for certification.

For these reasons, the record supports a finding that Gabriel was the victim of qualifying criminal activity involving sexual assault and/or abusive sexual contact; that he suffered substantial mental and emotional abuse as a result; and that he has been, is being, and is likely to continue being helpful to law enforcement in the investigation or prosecution of Case No. 21-6956.

Prior Certification and Procedural History

The underlying qualifying criminal activity occurred in 2021. In 2023, the Petitioner obtained a properly executed Form I-918, Supplement B, U Nonimmigrant Status Certification, from the certifying agency. That prior certification reflected the agency's determination that the Petitioner was a victim of qualifying criminal activity and had been, was being, or was likely to be helpful in the investigation or prosecution of the criminal activity.

Unfortunately, the prior representative did not file the Petitioner's Form I-918 petition within the validity period of the 2023 certification. The delay was not the result of any refusal or failure by the Petitioner to cooperate with law enforcement. Rather, the Petitioner relied in good faith on prior counsel to timely prepare and submit the petition.

Because the prior certification is now outside the six-month validity period established by USCIS, the Petitioner respectfully submits a newly executed Form I-918, Supplement B.

Based on the foregoing facts and applicable law, we respectfully request that the certifying agency execute a new Form I-918, Supplement B, confirming that Gabriel Amaral Igreja was the victim of qualifying criminal activity involving sexual assault and/or abusive sexual contact, suffered substantial mental and emotional harm, and has been, is being, or is likely to be helpful in the investigation or prosecution of Case No. 21-6956.

Sincerely,

Date: 17/08/2026

Otavio Haverroth Silva (Bar n. 343486)
Attorney at Law
+1 510 241 9336

Supplement B, U Nonimmigrant Status Certification

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

USCIS Form I-918
OMB No. 1615-0104
Expires 02/28/2026

For USCIS Use Only	Remarks

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

Part 1. Victim Information

1. Alien Registration Number (A-Number) (if any)
► **A-** N/A

2.a. Family Name (Last Name): Amaral Igreja
2.b. Given Name (First Name): Gabriel
2.c. Middle Name: N/A

Other Names Used (Include maiden names, nicknames, and aliases, if applicable.)

If you need extra space to provide additional names, use the space provided in **Part 7. Additional Information**.

3.a. Family Name (Last Name): N/A
3.b. Given Name (First Name): N/A
3.c. Middle Name: N/A

4. Date of Birth (mm/dd/yyyy): 04/05/2016

5. Sex ☒ Male ☐ Female

Part 2. Agency Information

1. Name of Certifying Agency
Pittsburg Police Department

Name of Certifying Official

2.a. Family Name (Last Name): Sanders
2.b. Given Name (First Name): Javon
2.c. Middle Name: N/A

3. Title and Division/Office of Certifying Official
Sergeant of Investigation

Name of Head of Certifying Agency

4.a. Family Name (Last Name): Galer
4.b. Given Name (First Name): Phil
4.c. Middle Name: N/A

Agency Address

5.a. Street Number and Name: 65 Civic Avenue
5.b. ☐ Apt. ☐ Ste. ☐ Flr. N/A
5.c. City or Town: Pittsburg
5.d. State: CA **5.f.** ZIP Code: N/A
5.g. Province: N/A
5.h. Postal Code: 94565
5.i. Country: USA

Other Agency Information

6. Agency Type
☐ Federal ☒ State ☐ Local

7. Case Status
☒ On-going ☐ Completed
☐ Other N/A

8. Certifying Agency Category
☐ Judge ☒ Law Enforcement ☐ Prosecutor
☐ Other N/A

9. Case Number
210006956

10. FBI Number or SID Number (if applicable)
N/A

Part 3. Criminal Acts

If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

1. The petitioner is a victim of criminal activity involving a violation of one of the following Federal, state, or local criminal offenses (or any similar activity). (Select **all applicable** boxes)

- ☐ Abduction
- ☒ Abusive Sexual Contact
- ☐ Attempt to Commit Any of the Named Crimes
- ☐ Being Held Hostage
- ☐ Blackmail
- ☐ Conspiracy to Commit Any of the Named Crimes
- ☐ Domestic Violence
- ☐ Extortion
- ☐ False Imprisonment
- ☒ Felonious Assault
- ☐ Female Genital Mutilation
- ☐ Fraud in Foreign Labor Contracting
- ☐ Incest
- ☐ Involuntary Servitude
- ☐ Kidnapping
- ☐ Manslaughter
- ☐ Murder
- ☐ Obstruction of Justice
- ☐ Peonage
- ☐ Perjury
- ☐ Prostitution
- ☐ Rape
- ☒ Sexual Assault
- ☐ Sexual Exploitation
- ☐ Slave Trade
- ☐ Solicitation to Commit Any of the Named Crimes
- ☐ Stalking
- ☐ Torture
- ☐ Trafficking
- ☐ Unlawful Criminal Restraint
- ☐ Witness Tampering

Provide the dates on which the criminal activity occurred.

2.a. Date (mm/dd/yyyy) 12/19/2021

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

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

2.d. Date (mm/dd/yyyy) N/A

3. List the statutory citations for the criminal activity being investigated or prosecuted, or that was investigated or prosecuted.

CPC 273d, CPC 288a

4.a. Did the criminal activity occur in the United States (including Indian country and military installations) or the territories or possessions of the United States?

☒ Yes ☐ No

4.b. If you answered "Yes," where did the criminal activity occur?

Pittsburg, CA

5.a. Did the criminal activity violate a Federal extraterritorial jurisdiction statute?

☐ Yes ☒ No

5.b. If you answered "Yes," provide the statutory citation providing the authority for extraterritorial jurisdiction.

N/A

6. Briefly describe the criminal activity being investigated and/or prosecuted and the involvement of the petitioner named in **Part 1.** Attach copies of all relevant reports and findings.

The applicant, a five-year-old child diagnosed with autism, was the direct victim of sexual abuse. On the day of the incident, the applicant was attending a children's party and was playing hide-and-seek with other children when he was sexually abused. The applicant did not understand what had occurred and was unable to immediately report or describe the abuse.

7. Provide a description of any known or documented injury to the victim. Attach copies of all relevant reports and findings.

As a direct result of the criminal activity, the victim, a minor child on the autism spectrum, suffered severe psychological and behavioral harm. He became highly agitated and aggressive, and because of his autism could not process what happened, - CONTINUE IN ADDITIONAL INFORMATION

Part 4. Helpfulness Of The Victim

For the following questions, if the victim is under 16 years of age, incompetent or incapacitated, then a parent, guardian, or next friend may act on behalf of the victim.

1. Does the victim possess information concerning the criminal activity listed in **Part 3.**? ☒ Yes ☐ No

2. Has the victim been helpful, is the victim being helpful, or is the victim likely to be helpful in the investigation or prosecution of the criminal activity detailed above? ☒ Yes ☐ No

3. Since the initiation of cooperation, has the victim refused or failed to provide assistance reasonably requested in the investigation or prosecution of the criminal activity detailed above? ☐ Yes ☒ No

If you answer "Yes" to **Item Numbers 1. - 3.**, provide an explanation in the space below. If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.

Despite being a minor on the autism spectrum who is not fully verbal, the victim assisted to the fullest extent of his ability. He spontaneously disclosed the abuse to his mother in his own words and repeated it when asked. Because his communication made a conventional interview difficult, his mother recorded him describing the incident and provided this video to law enforcement. His mother was interviewed with an interpreter and turned over all available evidence, including the video, relevant audio recordings, and, at the investigator's later request, photographs of those involved. Through the victim's disclosure and the corroborating materials his family provided, the victim was helpful to the investigation.

4. Other. Include any additional information you would like to provide.

Part 5. Family Members Culpable In Criminal Activity

1. Are any of the victim's family members culpable or believed to be culpable in the criminal activity of which the petitioner is a victim? ☐ Yes ☒ No

If you answered "Yes," list the family members and their criminal involvement. (If you need extra space to complete this section, use the space provided in **Part 7. Additional Information**.)

2.a. Family Name (Last Name) N/A

2.b. Given Name (First Name) N/A

2.c. Middle Name N/A

2.d. Relationship
N/A

2.e. Involvement
N/A

3.a. Family Name (Last Name) N/A

3.b. Given Name (First Name) N/A

3.c. Middle Name N/A

3.d. Relationship
N/A

3.e. Involvement
N/A

4.a. Family Name (Last Name) N/A

4.b. Given Name (First Name) N/A

4.c. Middle Name N/A

4.d. Relationship
N/A

4.e. Involvement
N/A

Part 6. Certification

I am the head of the agency listed in **Part 2.** or I am the person in the agency who was specifically designated by the head of the agency to issue a U Nonimmigrant Status Certification on behalf of the agency. Based upon investigation of the facts, I certify, under penalty of perjury, that the individual identified in **Part 1.** is or was a victim of one or more of the crimes listed in **Part 3.** I certify that the above information is complete, true, and correct to the best of my knowledge, and that I have made and will make no promises regarding the above victim's ability to obtain a visa from U.S. Citizenship and Immigration Services (USCIS), based upon this certification. I further certify that if the victim unreasonably refuses to assist in the investigation or prosecution of the qualifying criminal activity of which he or she is a victim, I will notify USCIS.

1. Signature of Certifying Official (sign in ink)

➡

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

3. Daytime Telephone Number

4. Fax Number

Part 7. Additional Information

If you need extra space to complete any item within this supplement, use the space below or attach a separate sheet of paper; type or print the agency's name, petitioner's name, and the Alien Registration Number (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. If you need more space than what is provided, you may also make copies of this page to complete and file with this supplement.

1. Agency Name

Pittsburg Police Department

Petitioner's Name

2.a. Family Name (Last Name): Amaral Igreja

2.b. Given Name (First Name): Gabriel

2.c. Middle Name: N/A

3. A-Number (if any)

► A- N/A

4.a. Page Number	**4.b.** Part Number	**4.c.** Item Number
2	3	7

4.d. repeatedly asking why it occurred and whether he could do the same to others. His behavior deteriorated to the point of a school suspension for increased aggression. He remains nervous, irritable, and anxious, and fears encountering the perpetrator again.

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

5.d.

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

6.d.

Incident

Report No.	Supp. No.	Rpt. Date	Rpt. Time	Assignment	Status	Confidential?	Empl. No / ID
210006956	ORIG	12/19/2021	11:40	PPD	Report To Follow	No	P338

From Date	From Time	To Date	To Time	Use Of Force	Call Type	CAD Call No.
12/18/2021	17:00			None	288A	213530282

Location	City	Zip
2023 VILLA DR #203	PITTSBURG	94565

Evidence	Finger Print	Body Camera	Vehicle Camera	Elder Abuse	Strang. or Suffoc. SB40	Victim Response	Marsy's Law	Missing Value	Damaged Value
No	No	No	No	No	No	No	No		

Offense

Offense No.	Offense	Description
1	PC288A	Oral Copulation (F)

Cross Reference

No Cross Reference found

Synopsis

The victim, a 5 year old autistic boy told his parents that he performed oral copulation on an [redacted] boy at a party. See narrative.

Person

Other

Invl. No.	Name	Type	Dom. Vol.	Juvenile	[redacted]	Age	To Age
4	IGREJA,AMANDA	Individual	No	No		36	

Race	Sex	Height	To Height	Weight	To Weight
Other	Female				

Hair	Eye	Skin	General Appearance	Build

Hair Description	Facial Features

Deformity	Speech	Demeanor	Mask	Glasses

Body Clothing	Further Description

Address

Address Type	Location	City	State	Zip
Home	3400 RICHMOND PKWY #3605	SAN PABLO	CA	

[redacted]

Email

Email Type	Email Address

ID Number

ID Number Type	ID Number	License State

SMT

Type	Code	Description

Alias

Distribution List
Investigations

Additional Routing

Reporting Officer (Print)	Date/Time Written	Disposition
BRYAN,THOMAS	12/19/2021 16:22:38	Investigations
Approving Supervisor (Print)	**Supervisor ID.**	**Date/Time**
LAW,NICHOLAS	P297	12/19/2021 17:38:59

Person Reporting the Incident

Alias Name	Race	DOB

Employment or School

Employer/School	Position	Location	City	Phone Number

Offense Link

Link	Offense No.	Offense	Description

Invl. No.	Name	Type	Dom. Vol.	Juvenile	[redacted]	Age	To Age
3	MARQUESIGREJA,DONOVAN	Individual	No	No		37	

Race	Sex	Height	To Height	Weight	To Weight
Other	Male	605		242	

Hair	Eye	Skin	General Appearance	Build
Black	Black			

Hair Description	Facial Features

Deformity	Speech	Demeanor	Mask	Glasses

Body Clothing	Further Description

Address

Address Type	Location	City	State	Zip
Home	3400 RICHMOND PKWY #3605	SAN PABLO	CA	94806

[redacted]

Email

Email Type	Email Address

[redacted]

SMT

Type	Code	Description

Alias

Alias Name	Race	DOB

Employment or School

Employer/School	Position	Location	City	Phone Number

Offense Link

Link	Offense No.	Offense	Description

[redacted]

Distribution List
Investigations

Additional Routing

Reporting Officer (Print)	Date/Time Written	Disposition
BRYAN,THOMAS	12/19/2021 16:22:38	Investigations
Approving Supervisor (Print)	**Supervisor ID.**	**Date/Time**
LAW,NICHOLAS	P297	12/19/2021 17:38:59

[redacted]

Victim

Invl. No.	Name	Type	Dom. Vol.	Juvenile	[redacted]	Age	To Age
1	IGREJA,GABRIEL	Individual	No	Yes		5	

Race	Sex	Height	To Height	Weight	To Weight
Other	Male				

Hair	Eye	Skin	General Appearance	Build
Brown	Brown			

Hair Description	Facial Features

Deformity	Speech	Demeanor	Mask	Glasses

Body Clothing	Further Description

Address

10:35:06 AM

Distribution List
Investigations

Additional Routing

Reporting Officer (Print)	Date/Time Written	Disposition
BRYAN,THOMAS	12/19/2021 16:22:38	Investigations
Approving Supervisor (Print)	**Supervisor ID.**	**Date/Time**
LAW,NICHOLAS	P297	12/19/2021 17:38:59

Address Type	Location	City	State	Zip
Home	3400 RICHMOND PKWY #3605	SAN PABLO	CA	

Phone Number

Phone Type	Phone Number

Email

Email Type	Email Address

ID Number

ID Number Type	ID Number	License State

SMT

Type	Code	Description

Alias

Alias Name	Race	DOB

Employment or School

Employer/School	Position	Location	City	Phone Number

Offense Link

Link	Offense No.	Offense	Description

Vehicle

No Vehicle Found

Vessel

No Vessel Found

Property

No Property Found

Modus Operandi

No Modus Operandi found

Narrative

On 12/19/2021 at approximately 1135 hours, I was dispatched to the report of an oral copulation that occurred at 2023 Villa Dr #203 Pittsburg. The reporting party, Donovan Marques, was at his home in San Pablo but relayed the following via telephone [redacted]:

He and his wife, Amanda Igreja, took their 5 year old autistic son, Gabriel Igreja, to a friends party. In attendance was [redacted] and her [redacted] and her [redacted] is the home owner.

Distribution List
Investigations

Additional Routing

Reporting Officer (Print)	Date/Time Written	Disposition
BRYAN,THOMAS	**12/19/2021 16:22:38**	**Investigations**
Approving Supervisor (Print)	Supervisor ID.	Date/Time
LAW,NICHOLAS	**P297**	**12/19/2021 17:38:59**

They stayed at the party for approximately 3 hours, and the [redacted] children were playing together throughout the event. The children had free reign to move throughout the apartment and were intermittently under direct supervision of the adults. They did not notice any strange behavior or long absences of the children.

After the party they drove home to San Pablo. While in the car, Gabriel told them that he "Sucked the cock of the other boy" and used the term "Blow Job." This caused both he and his wife concern as these are not words, terms, or concepts that Gabriel used or was aware of prior to the party.

They took Gabriel home and spoke with him again about the statements the following morning. Gabriel told them that he "Sucked [redacted] cock" and "Did a blow job on [redacted] cock" while in the closet.

Amanda called [redacted] and told [redacted] what Gabriel had said. [redacted] told [redacted] that [redacted] would talk to [redacted] about it.

Gabriel has no signs of injury and is not exhibiting any behavior changes. They would like him interviewed by a child professional a soon as possible.

End of Donovan's statement.

[redacted]

Donovan assured that the [redacted] juveniles would not come in contact with each other and there are no other juveniles that live with [redacted] At the time of this report no contact has been made with any of the involved parties beyond Donovan's initial telephone statement.

[redacted]

[redacted]

Nothing further.

Distribution List **Investigations**		
Additional Routing		
Reporting Officer (Print) **BRYAN,THOMAS**	Date/Time Written **12/19/2021 16:22:38**	Disposition **Investigations**
Approving Supervisor (Print) **LAW,NICHOLAS**	Supervisor ID. **P297**	Date/Time **12/19/2021 17:38:59**

YE508190

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

Este passaporte deve ser assinado pelo titular, salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire, sauf en cas d'incapacité.

This passport must be signed, except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular, salvo en caso de incapacidad.

PASSAPORTE
PASSPORT

REPÚBLICA FEDERATIVA DO BRASIL

TIPO / TYPE: P
PAÍS EMISSOR / ISSUING COUNTRY: BRA
PASSAPORTE Nº / PASSPORT No.: YE508190

SOBRENOME / SURNAME
AMARAL IGREJA

NOME / GIVEN NAMES
GABRIEL

NACIONALIDADE / NATIONALITY
BRASILEIRO

DATA DE NASCIMENTO / DATE OF BIRTH
05 ABR/APR 2016

IDENTIDADE Nº / PERSONAL No.

SEXO / SEX: M
NATURALIDADE / PLACE OF BIRTH: RIO DE JANEIRO, RJ, BRASIL

DATA DE EXPEDIÇÃO / DATE OF ISSUE
12 SET/SEP 2022

AUTORIDADE / AUTHORITY
SÃO FRANCISCO CG

VÁLIDO ATÉ / DATE OF EXPIRY
11 SET/SEP 2027

P<BRAAMARAL<IGREJA<<GABRIEL<<<<<<<<<<<<<<<<<<<<
YE508190<3BRA1604058M2709112<<<<<<<<<<<<<<06

FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

Bruno Toledo Pereira
Notary and Civil Registry Assistant
11th Civil Registry of Natural Persons and Notary Office
----//signature//----

Judiciary – TJERJ
(Court of Justice of the State of Rio de Janeiro)
Judicial Administrative Department
Electronic Inspection Seal
EBMU-39111VZM
Check the validity at the website:
https://www3.tjrj.jus.br/sitepublico

NAME
GABRIEL AMARAL IGREJA

REGISTRATION
088567 01 55 2016 1 00164 048 0030085 12

DATE OF BIRTH IN FULL	DAY	MONTH	YEAR
April fifth, two thousand sixteen.	5	4	2016

TIME OF BIRTH	CITY OF BIRTH AND STATE
4:35 PM	Rio de Janeiro - Rio de Janeiro

CITY OF REGISTRATION AND STATE	PLACE OF BIRTH	SEX
Rio de Janeiro - Rio de Janeiro	Hospital	Male

FILIATION

Donovan Marques Igreja

Amanda Cassiano do Amaral Igreja

GRANDPARENTS

Paternal grandparents: Ricardo Ferreira Igreja and Fátima Cristina Marques Igreja. Maternal grandparents: Ronaldo Pacheco do Amaral and Deise Cassiano do Amaral. x-x-x

TWIN	NAME AND REGISTRATION NUMBER OF TWINS
NO	x-x-x

DATE OF REGISTRATION IN FULL	LIVE BIRTH REGISTRATION NUMBER
April eighth, two thousand sixteen.	30656824583

NOTES / ANNOTATIONS

Witnesses were waived with, pursuant to Article 737 of the Consolidated Rules of the Judicial Administrative Department of this State. Place of Birth: Memorial Fuad Chidid Hospital - Rio de Janeiro - RJ. The declarant was Donovan Marques Igreja. The registration was made in Book A-00164, Page 048, Entry 30085. x-x-x

Arpen rj - AA 00214672 - P

11th Civil Registry of Natural Persons of the Judicial District of the Capital
Gerson Andrade de Gouveia Queiroz
Rio de Janeiro - Rio de Janeiro
Avenida Dom Helder Camara, 6776, Pilares
(21) 2595-239

Exempt

The content of this certificate is true. I certify.
Rio de Janeiro, April 8, 2016

----//signature//----

Alzira Rosa dos Santos
11th Civil Registry Office of Natural Persons - Notary Office - Clerk

I, Carolina Favero da Silva, 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: August 10, 2026.

REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

Bruno Toledo Pereira
Auxiliar de Cartório
11º RCPN e TAB

Poder Judiciário - TJERJ
Corregedoria Geral da Justiça
Selo de Fiscalização Eletrônico
EBMU-39111VZM
Consulte a validade do selo em:
https://www3.tjrj.jus.br/sitepublico

NOME
GABRIEL AMARAL IGREJA

MATRÍCULA
088567 01 55 2016 1 00164 048 0030085 12

DATA DE NASCIMENTO POR EXTENSO	DIA	MES	ANO
Cinco de abril de dois mil e dezesseis.	5	4	2016

HORA	MUNICÍPIO DE NASCIMENTO E UNIDADE DA FEDERAÇÃO
16:35	Rio de Janeiro - RJ

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO	LOCAL DE NASCIMENTO	SEXO
Rio de Janeiro - RJ	Hospital	Masculino

FILIAÇÃO

Donovan Marques Igreja
Amanda Cassiano do Amaral Igreja

AVÓS

Avós paternos: Ricardo Ferreira Igreja e Fátima Cristina Marques Igreja. Avós maternos: Ronaldo Pacheco do Amaral e Deise Cassiano do Amaral. x-x-x

GÊMEO	NOME E MATRÍCULA DOS GÊMEOS
NÃO	x-x-x

DATA DO REGISTRO POR EXTENSO	Nº DA DECLARAÇÃO DE NASCIDO VIVO
Oito de abril de dois mil e dezesseis.	30656824583

OBSERVAÇÕES / AVERBAÇÕES

Dispensadas as testemunhas, na forma do artigo 737 da Consolidação Normativa da Corregedoria Geral de Justiça deste Estado. Local de Nascimento: Hospital Memorial Fuad Chidid - Rio de Janeiro - RJ. Foi declarante Donovan Marques Igreja. Registro feito no Livro A-00164, Folha 048, Termo 30085. x-x-x

11º Registro Civil de Pessoas Naturais da Comarca da Capital
Gerson Andrade de Gouveia Queiroz
Rio de Janeiro - RJ
Av. Dom Helder Camara, 6776, Pilares
(21) 2595-2396

O conteúdo da certidão é verdadeiro. Dou fé.
Rio de Janeiro, 08 de abril de 2016

Alexina Rosa dos Santos
11º C.R.C.P.N. TAB - Escrevente

Isento

Arpen rj - AA 00214672 - P

FX634901

Amanda C do Amaral Igreja

Assinatura do titular / Signature du titulaire
Bearer's signature / Firma del titular

Este passaporte deve ser assinado pelo titular,
salvo em caso de incapacidade.

Ce passeport doit être signé par le titulaire,
sauf en cas d'incapacité.

This passport must be signed,
except where the bearer is unable to do so.

Este pasaporte debe ser firmado por el titular,
salvo en caso de incapacidad.

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE
PASSPORT

TIPO / TYPE	PAÍS EMISSOR / ISSUING COUNTRY	PASSAPORTE Nº / PASSPORT NO.
P	BRA	FX634901

SOBRENOME / SURNAME
CASSIANO DO AMARAL IGREJA

NOMES / GIVEN NAMES
AMANDA

NACIONALIDADE / NATIONALITY
BRASILEIRO(A)

DATA DE NASCIMENTO / DATE OF BIRTH
09 JUL/JUL 1985

IDENTIDADE / PERSONAL No.

SEXO / SEX	NATURALIDADE / PLACE OF BIRTH
F	**RIO DE JANEIRO/RJ**

FILIAÇÃO / PARENTS
DEISE CASSIANO DO AMARAL

RONALDO PACHECO DO AMARAL

DATA DE EMISSÃO / DATE OF ISSUE	AUTORIDADE / AUTHORITY
06 DEZ/DEC 2018	**SR/DPF/RJ**

VALIDADE / DATE OF EXPIRY
05 DEZ/DEC 2028

P<BRACASSIANO<DO<AMARAL<IGREJA<<AMANDA<<<<<<
FX634901<5BRA8507099F2812058<<<<<<<<<<<<<<06