



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) Beatriz		Middle Name (if any) N/A	Family Name (Last Name) WYATT
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. ☐ ☐ ☐	Number
City or Town		State	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: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover		Authorized Payment Amount \$ 675.00
Credit Card Expiration Date CVV Code (mm/yyyy)			



USCIS
Attn: I-130
P.O. Box 4053
Carol Stream, IL 60197-4053

RE: Form I-130, Petition for Alien Relative
Petitioner: Beatriz Wyatt
Beneficiary: Samuel Batista de Oliveira (Father)

Dear Sir or Madam,

This petition is filed by **Beatriz Wyatt**, a U.S. citizen over the age of 21, on behalf of her father, **Samuel Batista de Oliveira**, pursuant to **INA § 201(b)(2)(A)(i)**, which provides for the classification of the parents of United States citizens as Immediate Relatives.

The enclosed documentation establishes that the Petitioner is a U.S. citizen and that the Beneficiary is her biological father, as evidenced by the Petitioner's birth certificate identifying Samuel Batista de Oliveira as her father. Accordingly, the Beneficiary qualifies for Immediate Relative classification under the Immigration and Nationality Act.

Accordingly, we respectfully request the approval of this I-130 petition.

The supporting documents are organized as follows:

- **Form G-1450, Authorization for Credit Card Transactions**
- **Beatriz Wyatt's Signed Forms**
 - Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative
 - Form I-130, Petition for Alien Relative
- **Samuel Batista de Oliveira's Signed Forms**
 - Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative

I. Petitioner Beatriz Wyatt's U.S. Citizenship and Identity Evidence

- Beatriz Wyatt's U.S. Valid Passport;
- Beatriz Wyatt's Certificate of Naturalization;
- Beatriz Wyatt's Marriage Certificate with English Translation;
- Beatriz Wyatt's Proof of Legal Name Change;

II. Beatriz Wyatt and Samuel Batista de Oliveira's Parent-Child Relationship Evidence

- Beatriz Wyatt's Birth Certificate with English Translation;

III. Beneficiary Samuel Batista de Oliveira's Identity Documents

- Samuel Batista de Oliveira's Valid Passport;
- Samuel Batista de Oliveira's Birth Certificate with English Translation;

IV. Evidence of Marriage of Samuel Batista de Oliveira and Petitioner's Mother

- Samuel Batista de Oliveira's and Denise Aparecida Assis de Oliveira's Marriage Certificate with English Translation;

V. Petitioner's Mother's Death Certificate

- Denise Aparecida Assis de Oliveira's Death Certificate with English Translation;

VI. Form I-94 Arrival/Departure Record of Samuel Batista de Oliveira

- Samuel Batista de Oliveira's Copy of I-94;

VII. Evidence of Current Residence of Beneficiary Samuel Batista de Oliveira

- Samuel Batista de Oliveira's Proof of Residence with English Translation;

Thank you for your time and consideration in this matter. Should you have any questions or concerns feel free to contact me using the information listed below.

Sincerely,

Date: 06/05/2026

Otavio Haverroth Silva (Bar n. 343486)

Attorney at Law

+1 510 241 9336

Beatriz Wyatt's Signed Forms



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.
I-130
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
N/A
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
N/A
4. Receipt Number (if any)
▶ **N/A**
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) **WYATT**
- 6.b. Given Name (First Name) **Beatriz**
- 6.c. Middle Name **N/A**
- 7.a. Name of Entity (if applicable)
N/A
- 7.b. Title of Authorized Signatory for Entity (if applicable)
N/A
8. Client's USCIS Online Account Number (if any)
▶ **N/A**
9. Client's Alien Registration Number (A-Number) (if any)
▶ A- **2 1 9 3 9 8 4 6 9**

Client's Contact Information

10. Daytime Telephone Number
2407793816
11. Mobile Telephone Number (if any)
2407793816
12. Email Address (if any)
rp.beatrizoliveira@gmail.com

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 **PO Box 90487**
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr. **N/A**
- 13.c. City or Town **San Diego**
- 13.d. State **CA** 13.e. ZIP Code **92169**
- 13.f. Province **N/A**
- 13.g. Postal Code **N/A**
- 13.h. Country
USA

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)

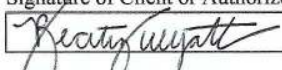
Options Regarding Receipt of USCIS Notices and Documents

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) **05/15/2026**

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) **05/15/2026**

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

N/A

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



Part 6. Additional Information

If you need extra space to provide any additional information within this form, 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 form or attach a separate sheet of paper. Type or print your name 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. Page Number 2.b. Part Number 2.c. Item Number

2.d.

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

3.d.

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

4.d.

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.





Petition for Alien Relative
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-130
OMB No. 1615-0012
Expires 02/28/2027

For USCIS Use Only		Fee Stamp	Action Stamp
A-Number			
A-			
Initial Receipt			
Resubmitted			
Relocated	Section of Law/Visa Category		
Received	☐ 201(b) Spouse - IR-1/CR-1 ☐ 203(a)(1) Unm. S/D - F1-1 ☐ 203(a)(2)(B) Unm. S/D - F2-4		
Sent	☐ 201(b) Child - IR-2/CR-2 ☐ 203(a)(2)(A) Spouse - F2-1 ☐ 203(a)(3) Married S/D - F3-1		
Completed	☐ 201(b) Parent - IR-5 ☐ 203(a)(2)(A) Child - F2-2 ☐ 203(a)(4) Brother/Sister - F4-1		
Approved	Petition was filed on (Priority Date mm/dd/yyyy):	☐ Field Investigation ☐ Personal Interview ☐ 204(a)(2)(A) Resolved	
Returned	PDR request granted/denied - New priority date (mm/dd/yyyy):	☐ Previously Forwarded ☐ Pet. A-File Reviewed ☐ I-485 Filed Simultaneously	
		☐ 203(g) Resolved ☐ Ben. A-File Reviewed ☐ 204(g) Resolved	
Remarks			
At which USCIS office (e.g., NBC, VSC, LOS, CRO) was Form I-130 adjudicated? _____			

To be completed by an attorney or accredited representative (if any).			
☒ Select this box if Form G-28 is attached.	Volag Number (if any) N/A	Attorney State Bar Number (if applicable) 343486	Attorney or Accredited Representative USCIS Online Account Number (if any) 007492625438

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

If you need extra space to complete any section of this petition, use the space provided in **Part 9. Additional Information**.
Complete and submit as many copies of Part 9., as necessary, with your petition.

Part 1. Relationship (You are the Petitioner. Your relative is the Beneficiary)

- I am filing this petition for my (Select **only one** box):
☐ Spouse ☒ Parent ☐ Brother/Sister ☐ Child
- If you are filing this petition for your child or parent, select the box that describes your relationship (Select **only one** box):
☒ Child was born to parents who were married to each other at the time of the child's birth
☐ Stepchild/Stepparent
☐ Child was born to parents who were not married to each other at the time of the child's birth
☐ Child was adopted (not an Orphan or Hague Convention adoptee)
- If the beneficiary is your brother/sister, are you related by adoption? ☐ Yes ☐ No
- Did you gain lawful permanent resident status or citizenship through adoption? ☐ Yes ☒ No

Part 2. Information About You (Petitioner)

- Alien Registration Number (A-Number) (if any)
▶ A-
- USCIS Online Account Number (if any)
▶
- U.S. Social Security Number (if any)
▶

Your Full Name

- Family Name (Last Name)
- Given Name (First Name)
- Middle Name



Part 2. Information About You (Petitioner)
(continued)

Other Names Used (if any)

Provide all other names you have ever used, including aliases, maiden name, and nicknames.

5.a. Family Name (Last Name) **ASSIS DE OLIVEIRA**
5.b. Given Name (First Name) **Beatriz**
5.c. Middle Name **N/A**

Other Information

6. City/Town/Village of Birth
Campinas
7. Country of Birth
Brazil
8. Date of Birth (mm/dd/yyyy) **05/06/1993**
9. Sex ☐ Male ☒ Female

Mailing Address

[\(USPS ZIP Code Lookup\)](#)

10.a. In Care Of Name
Otavio Haverroth Silva
10.b. Street Number and Name **PO Box 90487**
10.c. ☐ Apt. ☐ Ste. ☐ Flr. **N/A**
10.d. City or Town **San Diego**
10.e. State **CA** 10.f. ZIP Code **92169**
10.g. Province **N/A**
10.h. Postal Code **N/A**
10.i. Country
USA
11. Is your current mailing address the same as your physical address? ☐ Yes ☒ No

If you answered "No" to **Item Number 11.**, provide information on your physical address in **Item Numbers 12.a. - 13.b.**

Address History

Provide your physical addresses for the last five years, whether inside or outside the United States. Provide your current address first if it is different from your mailing address in **Item Numbers 10.a. - 10.i.**

Physical Address 1

12.a. Street Number and Name **6535 Ryanlynn Drive**
12.b. ☐ Apt. ☐ Ste. ☐ Flr. **N/A**
12.c. City or Town **Fairfax Satation**
12.d. State **VA** 12.e. ZIP Code **22039**
12.f. Province **N/A**
12.g. Postal Code **N/A**
12.h. Country
USA
13.a. Date From (mm/dd/yyyy) **09/30/2019**
13.b. Date To (mm/dd/yyyy) **PRESENT**

Physical Address 2

14.a. Street Number and Name **N/A**
14.b. ☐ Apt. ☐ Ste. ☐ Flr. **N/A**
14.c. City or Town **N/A**
14.d. State **N/A** 14.e. ZIP Code **N/A**
14.f. Province **N/A**
14.g. Postal Code **N/A**
14.h. Country
N/A
15.a. Date From (mm/dd/yyyy) **N/A**
15.b. Date To (mm/dd/yyyy) **N/A**

Your Marital Information

16. How many times have you been married? ► **1**
17. Current Marital Status
☐ Single, Never Married ☒ Married ☐ Divorced
☐ Widowed ☐ Separated ☐ Annulled



Part 2. Information About You (Petitioner)
(continued)

18. Date of Current Marriage (if currently married)
(mm/dd/yyyy) **07/26/2019**

Place of Your Current Marriage (if married)

19.a. City or Town **Fairfax**

19.b. State **VA**

19.c. Province **N/A**

19.d. Country

USA

Names of All Your Spouses (if any)

Provide information on your current spouse (if currently married) first and then list all your prior spouses (if any).

Spouse 1

20.a. Family Name
(Last Name) **WYATT**

20.b. Given Name
(First Name) **Richard**

20.c. Middle Name **Theodore**

21. Date Marriage Ended (mm/dd/yyyy) **Current**

Spouse 2

22.a. Family Name
(Last Name) **N/A**

22.b. Given Name
(First Name) **N/A**

22.c. Middle Name **N/A**

23. Date Marriage Ended (mm/dd/yyyy) **N/A**

Information About Your Parents

Parent 1's Information

Full Name of Parent 1

24.a. Family Name
(Last Name) **BATISTA DE OLIVEIRA**

24.b. Given Name
(First Name) **Samuel**

24.c. Middle Name **N/A**

25. Date of Birth (mm/dd/yyyy) **07/21/1963**

26. Sex ☒ Male ☐ Female

27. Country of Birth

Brazil

28. City/Town/Village of Residence

Campinas

29. Country of Residence

Brazil

Parent 2's Information

Full Name of Parent 2

30.a. Family Name
(Last Name) **ASSIS DE OLIVEIRA**

30.b. Given Name
(First Name) **Denise Aparecida**

30.c. Middle Name **N/A**

31. Date of Birth (mm/dd/yyyy) **06/07/1965**

32. Sex ☐ Male ☒ Female

33. Country of Birth

Brazil

34. City/Town/Village of Residence

Campinas

35. Country of Residence

Brazil

Additional Information About You (Petitioner)

36. I am a (Select **only one** box):
☒ U.S. Citizen ☐ Lawful Permanent Resident

If you are a U.S. citizen, complete Item Number 37.

37. My citizenship was acquired through (Select **only one** box):

☐ Birth in the United States

☒ Naturalization

☐ Parents

38. Have you obtained a Certificate of Naturalization or a Certificate of Citizenship? ☒ Yes ☐ No

If you answered "Yes" to Item Number 38., complete the following:

39.a. Certificate Number

45722944

39.b. Place of Issuance

Alexandria, VA

39.c. Date of Issuance (mm/dd/yyyy) **09/05/2024**



Part 2. Information About You (Petitioner)
(continued)

If you are a lawful permanent resident, complete **Item Numbers 40.a. - 41.**

40.a. Class of Admission

N/A

40.b. Date of Admission (mm/dd/yyyy)

N/A

Place of Admission

40.c. City or Town

N/A

40.d. State

N/A

41. Did you gain lawful permanent resident status through marriage to a U.S. citizen or lawful permanent resident?

☐ Yes ☐ No

Employment History

Provide your employment history for the last five years, whether inside or outside the United States. Provide your current employment first. If you are currently unemployed, type or print "Unemployed" in **Item Number 42.**

Employer 1

42. Name of Employer/Company

Rational 360

43.a. Street Number and Name

1666 K Street NW

43.b. ☐ Apt. ☐ Ste. ☐ Flr.

N/A

43.c. City or Town

Washington

43.d. State

DC

43.e. ZIP Code

20006

43.f. Province

N/A

43.g. Postal Code

N/A

43.h. Country

USA

44. Your Occupation

Director of Public Relations

45.a. Date From (mm/dd/yyyy)

06/25/2025

45.b. Date To (mm/dd/yyyy)

PRESENT

Employer 2

46. Name of Employer/Company

Reingold

47.a. Street Number and Name

1321 Duke St

47.b. ☐ Apt. ☐ Ste. ☐ Flr.

N/A

47.c. City or Town

Alexandria

47.d. State

VA

47.e. ZIP Code

22314

47.f. Province

N/A

47.g. Postal Code

N/A

47.h. Country

USA

48. Your Occupation

Communications Associate II

49.a. Date From (mm/dd/yyyy)

06/09/2021

49.b. Date To (mm/dd/yyyy)

02/13/2025

Part 3. Biographic Information

NOTE: Provide the biographic information about you, the petitioner.

1. Ethnicity (Select **only one** box)

☒ Hispanic or Latino
☐ Not Hispanic or Latino

2. Race (Select **all applicable** boxes)

☒ White
☐ Asian
☐ Black or African American
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

3. Height

Feet

5

Inches

10

4. Weight

Pounds

2

2

0

5. Eye Color (Select **only one** box)

☐ Black ☐ Blue ☒ Brown
☐ Gray ☐ Green ☐ Hazel
☐ Maroon ☐ Pink ☐ Unknown/Other



Part 3. Biographic Information (continued)**6. Hair Color (Select only one box)**

- ☐ Bald (No hair) ☐ Black ☐ Blond
☒ Brown ☐ Gray ☐ Red
☐ Sandy ☐ White ☐ Unknown/Other

Part 4. Information About Beneficiary**1. Alien Registration Number (A-Number) (if any)**▶ A- **N/A****2. USCIS Online Account Number (if any)**▶ **N/A****3. U.S. Social Security Number (if any)**▶ **N/A****Beneficiary's Full Name**

- 4.a. Family Name (Last Name)** **BATISTA DE OLIVEIRA**
4.b. Given Name (First Name) **Samuel**
4.c. Middle Name **N/A**

Other Names Used (if any)

Provide all other names the beneficiary has ever used, including aliases, maiden name, and nicknames.

- 5.a. Family Name (Last Name)** **N/A**
5.b. Given Name (First Name) **N/A**
5.c. Middle Name **N/A**

Other Information About Beneficiary

- 6. City/Town/Village of Birth**
Campinas
- 7. Country of Birth**
Brazil
- 8. Date of Birth (mm/dd/yyyy)** **07/21/1963**
- 9. Sex** ☒ Male ☐ Female
- 10. Has anyone else ever filed a petition for the beneficiary?**
☐ Yes ☒ No ☐ Unknown

NOTE: Select "Unknown" *only* if you do not know, and the beneficiary also does not know, if anyone else has ever filed a petition for the beneficiary.

Beneficiary's Physical Address

If the beneficiary lives outside the United States in a home without a street number or name, leave **Item Numbers 11.a.** and **11.b.** blank.

- 11.a. Street Number and Name** **Rua Lotario Novaes 325**
- 11.b.** ☐ Apt. ☐ Ste. ☐ Flr. **N/A**
- 11.c. City or Town** **Campinas**
- 11.d. State** **11.e. ZIP Code** **N/A**
- 11.f. Province** **Sao Paulo**
- 11.g. Postal Code** **13076150**
- 11.h. Country**
Brazil

Other Address and Contact Information

Provide the address in the United States where the beneficiary intends to live, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 12.a.**

- 12.a. Street Number and Name** **6535 Ryanlynn Drive**
- 12.b.** ☐ Apt. ☐ Ste. ☐ Flr. **N/A**
- 12.c. City or Town** **Fairfaz Station**
- 12.d. State** **VA** **12.e. ZIP Code** **22039**

Provide the beneficiary's address outside the United States, if different from **Item Numbers 11.a. - 11.h.** If the address is the same, type or print "SAME" in **Item Number 13.a.**

- 13.a. Street Number and Name** **N/A**
- 13.b.** ☐ Apt. ☐ Ste. ☐ Flr. **N/A**
- 13.c. City or Town** **N/A**
- 13.d. Province** **N/A**
- 13.e. Postal Code** **N/A**
- 13.f. Country**
N/A
- 14. Daytime Telephone Number (if any)**
55199911860116



Part 4. Information About Beneficiary
(continued)

15. Mobile Telephone Number (if any)

55199911860116

16. Email Address (if any)

samuelbo4048@gmail.com

Beneficiary's Marital Information

17. How many times has the beneficiary been married?

2

18. Current Marital Status

☐ Single, Never Married ☒ Married ☐ Divorced
☐ Widowed ☐ Separated ☐ Annulled

19. Date of Current Marriage (if currently married)
(mm/dd/yyyy)

06/11/2022

Place of Beneficiary's Current Marriage
(if married)

20.a. City or Town Campinas

20.b. State

20.c. Province Sao Paulo

20.d. Country

Brazil

Names of Beneficiary's Spouses (if any)

Provide information on the beneficiary's current spouse (if currently married) first and then list all the beneficiary's prior spouses (if any).

Spouse 1

21.a. Family Name (Last Name) MIRANDA DE OLIVEIRA

21.b. Given Name (First Name) Lizeti

21.c. Middle Name N/A

22. Date Marriage Ended (mm/dd/yyyy) Current

Spouse 2

23.a. Family Name (Last Name) ASSIS DE OLIVEIRA

23.b. Given Name (First Name) Denise Aparecida

23.c. Middle Name N/A

24. Date Marriage Ended (mm/dd/yyyy) 04/06/2021

Information About Beneficiary's Family

Provide information about the beneficiary's spouse and children.

Person 1

25.a. Family Name (Last Name) WYATT

25.b. Given Name (First Name) Beatriz

25.c. Middle Name N/A

26. Relationship Child

27. Date of Birth (mm/dd/yyyy) 05/06/1993

28. Country of Birth

Brazil

Person 2

29.a. Family Name (Last Name) ASSIS DE OLIVEIRA

29.b. Given Name (First Name) Mateus

29.c. Middle Name N/A

30. Relationship Child

31. Date of Birth (mm/dd/yyyy) 01/31/2000

32. Country of Birth

Brazil

Person 3

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

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

33.c. Middle Name N/A

34. Relationship N/A

35. Date of Birth (mm/dd/yyyy) N/A

36. Country of Birth

N/A



Part 4. Information About Beneficiary
(continued)

Person 4

37.a. Family Name (Last Name)

37.b. Given Name (First Name)

37.c. Middle Name

38. Relationship

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

40. Country of Birth

Person 5

41.a. Family Name (Last Name)

41.b. Given Name (First Name)

41.c. Middle Name

42. Relationship

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

44. Country of Birth

Beneficiary's Entry Information

45. Was the beneficiary **EVER** in the United States?
☒ Yes ☐ No

If the beneficiary is currently in the United States, complete **Items Numbers 46.a. - 46.d.**

46.a. He or she arrived as a (Class of Admission):

46.b. Form I-94 Arrival-Departure Record Number
▶

46.c. Date of Arrival (mm/dd/yyyy)

46.d. Date authorized stay expired, or will expire, as shown on Form I-94 or Form I-95 (mm/dd/yyyy) or type or print "D/S" for Duration of Status

47. Passport Number

48. Travel Document Number

49. Country of Issuance for Passport or Travel Document

50. Expiration Date for Passport or Travel Document (mm/dd/yyyy)

Beneficiary's Employment Information

Provide the beneficiary's current employment information (if applicable), even if they are employed outside of the United States. If the beneficiary is currently unemployed, type or print "Unemployed" in **Item Number 51.a.**

51.a. Name of Current Employer (if applicable)

51.b. Street Number and Name

51.c. ☐ Apt. ☐ Ste. ☐ Flr.

51.d. City or Town

51.e. State 51.f. ZIP Code

51.g. Province

51.h. Postal Code

51.i. Country

52. Date Employment Began (mm/dd/yyyy)

Additional Information About Beneficiary

53. Was the beneficiary **EVER** in immigration proceedings?
☐ Yes ☒ No

54. If you answered "Yes," select the type of proceedings and provide the location and date of the proceedings.
☐ Removal ☐ Exclusion/Deportation
☐ Rescission ☐ Other Judicial Proceedings

55.a. City or Town

55.b. State

56. Date (mm/dd/yyyy)



Part 4. Information About Beneficiary
(continued)

If the beneficiary's native written language does not use Roman letters, type or print his or her name and foreign address in their native written language.

57.a. Family Name (Last Name)	N/A
57.b. Given Name (First Name)	N/A
57.c. Middle Name	N/A
58.a. Street Number and Name	N/A
58.b. ☐ Apt. ☐ Ste. ☐ Flr.	N/A
58.c. City or Town	N/A
58.d. Province	N/A
58.e. Postal Code	N/A
58.f. Country	N/A

If filing for your spouse, provide the last address at which you physically lived together. If you never lived together, type or print, "Never lived together" in Item Number 59.a.

59.a. Street Number and Name	N/A		
59.b. ☐ Apt. ☐ Ste. ☐ Flr.	N/A		
59.c. City or Town	N/A		
59.d. State	N/A	59.e. ZIP Code	N/A
59.f. Province	N/A		
59.g. Postal Code	N/A		
59.h. Country	N/A		
60.a. Date From (mm/dd/yyyy)	N/A		
60.b. Date To (mm/dd/yyyy)	N/A		

The beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident at the U.S. Citizenship and Immigration Services (USCIS) office in:

61.a. City or Town	N/A
61.b. State	N/A

The beneficiary will not apply for adjustment of status in the United States, but he or she will apply for an immigrant visa abroad at the U.S. Embassy or U.S. Consulate in:

62.a. City or Town	Rio de Janeiro
62.b. Province	Rio de Janeiro
62.c. Country	Brazil

NOTE: Choosing a U.S. Embassy or U.S. Consulate outside the country of the beneficiary's last residence does not guarantee that it will accept the beneficiary's case for processing. In these situations, the designated U.S. Embassy or U.S. Consulate has discretion over whether or not to accept the beneficiary's case.

Part 5. Other Information

1. Have you **EVER** previously filed a petition for this beneficiary or any other alien? ☐ Yes ☒ No

If you answered "Yes," provide the name, place, date of filing, and the result.

2.a. Family Name (Last Name)	N/A
2.b. Given Name (First Name)	N/A
2.c. Middle Name	N/A
3.a. City or Town	N/A
3.b. State	N/A
4. Date Filed (mm/dd/yyyy)	N/A
5. Result (for example, approved, denied, withdrawn)	N/A

If you are also submitting separate petitions for other relatives, provide the names of and your relationship to each relative.

Relative 1

6.a. Family Name (Last Name)	ASSIS DE OLIVEIRA
6.b. Given Name (First Name)	Mateus
6.c. Middle Name	N/A
7. Relationship	Brother



Part 5. Other Information (continued)**Relative 2**

- 8.a. Family Name (Last Name) **N/A**
- 8.b. Given Name (First Name) **N/A**
- 8.c. Middle Name **N/A**
9. Relationship **N/A**

WARNING: USCIS investigates the claimed relationships and verifies the validity of documents you submit. If you falsify a family relationship to obtain a visa, USCIS may seek to have you criminally prosecuted.

PENALTIES: By law, you may be imprisoned for up to 5 years or fined \$250,000, or both, for entering into a marriage contract in order to evade any U.S. immigration law. In addition, you may be fined up to \$10,000 and imprisoned for up to 5 years, or both, for knowingly and willfully falsifying or concealing a material fact or using any false document in submitting this petition.

Part 6. Petitioner's Statement, Contact Information, Declaration, and Signature

NOTE: Read the **Penalties** section of the Form I-130 Instructions before completing this part.

Petitioner's Statement

NOTE: Select the box for either **Item Number 1.a.** or **1.b.** If applicable, select the box for **Item Number 2.**

- 1.a. ☒ I can read and understand English, and I have read and understand every question and instruction on this petition and my answer to every question.
- 1.b. ☐ The interpreter named in **Part 7.** read to me every question and instruction on this petition and my answer to every question in _____, a language in which I am fluent. I understood all of this information as interpreted.
2. ☒ At my request, the preparer named in **Part 8.**, **Otávio Haverroth Silva**, prepared this petition for me based only upon information I provided or authorized.

Petitioner's Contact Information

3. Petitioner's Daytime Telephone Number
2407793816
4. Petitioner's Mobile Telephone Number (if any)
2407793816
5. Petitioner's Email Address (if any)
rp.beatrizoliveira@gmail.com

Petitioner's Declaration and Certification

Copies of any documents I have submitted are exact photocopies of unaltered, original documents, and I understand that USCIS may require that I submit original documents to USCIS at a later date. Furthermore, I authorize the release of any information from any of my records that USCIS may need to determine my eligibility for the immigration benefit I seek.

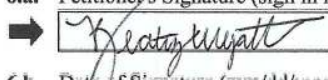
I further authorize release of information contained in this petition, in supporting documents, and in my USCIS records to other entities and persons where necessary for the administration and enforcement of U.S. immigration laws.

I understand that USCIS may require me to appear for an appointment to take my biometrics (fingerprints, photograph, and/or signature) and, at that time, if I am required to provide biometrics, I will be required to sign an oath reaffirming that:

- 1) I provided or authorized all of the information contained in, and submitted with, my petition;
- 2) I reviewed and understood all of the information in, and submitted with, my petition; and
- 3) All of this information was complete, true, and correct at the time of filing.

I certify, under penalty of perjury, that all of the information in my petition and any document submitted with it were provided or authorized by me, that I reviewed and understand all of the information contained in, and submitted with, my petition, and that all of this information is complete, true, and correct.

Petitioner's Signature

- 6.a. Petitioner's Signature (sign in ink)

- 6.b. Date of Signature (mm/dd/yyyy) **05/15/2026**

NOTE TO ALL PETITIONERS: If you do not completely fill out this petition or fail to submit required documents listed in the Instructions, USCIS may deny your petition.

Part 7. Interpreter's Contact Information, Certification, and Signature

Provide the following information about the interpreter if you used one.

Interpreter's Full Name

1.a. Interpreter's Family Name (Last Name)

N/A

1.b. Interpreter's Given Name (First Name)

N/A

2. Interpreter's Business or Organization Name (if any)

N/A

Interpreter's Mailing Address

3.a. Street Number and Name

N/A

3.b. ☐ Apt. ☐ Ste. ☐ Flr.

N/A

3.c. City or Town

N/A

3.d. State

N/A

3.e. ZIP Code

N/A

3.f. Province

N/A

3.g. Postal Code

N/A

3.h. Country

N/A

Interpreter's Contact Information

4. Interpreter's Daytime Telephone Number

N/A

5. Interpreter's Mobile Telephone Number (if any)

N/A

6. Interpreter's Email Address (if any)

N/A

Interpreter's Certification

I certify, under penalty of perjury, that:

I am fluent in English and N/A

which is the same language provided in **Part 6., Item Number 1.b.**, and I have read to this petitioner in the identified language every question and instruction on this petition and his or her answer to every question. The petitioner informed me that he or she understands every instruction, question, and answer on the petition, including the **Petitioner's Declaration and Certification**, and has verified the accuracy of every answer.

Interpreter's Signature

7.a. Interpreter's Signature (sign in ink)

N/A

7.b. Date of Signature (mm/dd/yyyy)

N/A

Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner

Provide the following information about the preparer.

Preparer's Full Name

1.a. Preparer's Family Name (Last Name)

HAVERROTH SILVA

1.b. Preparer's Given Name (First Name)

Otavio

2. Preparer's Business or Organization Name (if any)

HS Law Corp

Preparer's Mailing Address

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

3.f. Province

N/A

3.g. Postal Code

N/A

3.h. Country

USA



Part 8. Contact Information, Declaration, and Signature of the Person Preparing this Petition, if Other Than the Petitioner (continued)

Preparer's Contact Information

4. Preparer's Daytime Telephone Number

5102419336

5. Preparer's Mobile Telephone Number (if any)

5102419336

6. Preparer's Email Address (if any)

otavio@legalhs.com

Preparer's Statement

- 7.a. ☐ I am not an attorney or accredited representative but have prepared this petition on behalf of the petitioner and with the petitioner's consent.
- 7.b. ☒ I am an attorney or accredited representative and my representation of the petitioner in this case
☒ extends ☐ does not extend beyond the preparation of this petition.

NOTE: If you are an attorney or accredited representative whose representation extends beyond preparation of this petition, you may be obliged to submit a completed Form G-28, Notice of Entry of Appearance as Attorney or Accredited Representative, with this petition.

Preparer's Certification

By my signature, I certify, under penalty of perjury, that I prepared this petition at the request of the petitioner. The petitioner then reviewed this completed petition and informed me that he or she understands all of the information contained in, and submitted with, his or her petition, including the **Petitioner's Declaration and Certification**, and that all of this information is complete, true, and correct. I completed this petition based only on information that the petitioner provided to me or authorized me to obtain or use.

Preparer's Signature

8.a. Preparer's Signature (sign in ink)

8.b. Date of Signature (mm/dd/yyyy)

05/01/2026



Part 9. Additional Information

If you need extra space to provide any additional information within this petition, 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 petition 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) **WYATT**

1.b. Given Name (First Name) **Beatriz**

1.c. Middle Name **N/A**

2. A-Number (if any) ► A- **2 1 9 3 9 8 4 6 9**

3.a. Page Number **7** 3.b. Part Number **4** 3.c. Item Number **51.A**

3.d. **The beneficiary is self-employed and does not have a fixed work location; therefore, his home address was provided.**

4.a. Page Number **N/A** 4.b. Part Number **N/A** 4.c. Item Number **N/A**

4.d. **N/A**

5.a. Page Number **N/A** 5.b. Part Number **N/A** 5.c. Item Number **N/A**

5.d. **N/A**

6.a. Page Number **N/A** 6.b. Part Number **N/A** 6.c. Item Number **N/A**

6.d. **N/A**

7.a. Page Number **N/A** 7.b. Part Number **N/A** 7.c. Item Number **N/A**

7.d. **N/A**



**Samuel Batista de
Oliveira's
Signed Forms**



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.
I-130
- 2.a. ☐ U.S. Immigration and Customs Enforcement (ICE)
- 2.b. List the specific matter in which appearance is entered.
N/A
- 3.a. ☐ U.S. Customs and Border Protection (CBP)
- 3.b. List the specific matter in which appearance is entered.
N/A
4. Receipt Number (if any)
▶ **N/A**
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) **BATISTA DE OLIVEIRA**
- 6.b. Given Name (First Name) **Samuel**
- 6.c. Middle Name **N/A**
- 7.a. Name of Entity (if applicable)
N/A
- 7.b. Title of Authorized Signatory for Entity (if applicable)
N/A
8. Client's USCIS Online Account Number (if any)
▶ **N/A**
9. Client's Alien Registration Number (A-Number) (if any)
▶ A- **N/A**

Client's Contact Information

10. Daytime Telephone Number
19991186016
11. Mobile Telephone Number (if any)
19991186016
12. Email Address (if any)
rp.beatrizoliveira@gmail.com

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 **PO Box 90487**
- 13.b. ☐ Apt. ☐ Ste. ☐ Flr. **N/A**
- 13.c. City or Town **San Diego**
- 13.d. State **CA** 13.e. ZIP Code **92169**
- 13.f. Province **N/A**
- 13.g. Postal Code **N/A**
- 13.h. Country
USA

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

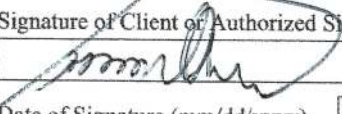
USCIS will send notices to both a represented party (the client) and his, her, or its attorney or accredited representative either through mail or electronic delivery. USCIS will send all secure identity documents and Travel Documents to the client's U.S. mailing address.

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

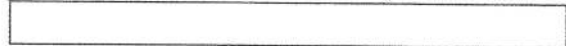
→ 

2.b. Date of Signature (mm/dd/yyyy) 05/15/2026

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

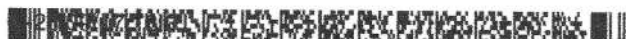


1.b. Date of Signature (mm/dd/yyyy) 05/15/2026

2.a. Signature of Law Student or Law Graduate

N/A

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



Part 6. Additional Information

If you need extra space to provide any additional information within this form, 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 form or attach a separate sheet of paper. Type or print your name 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) **BATISTA DE OLIVEIRA**

1.b. Given Name (First Name) **Samuel**

1.c. Middle Name **N/A**

2.a. Page Number **N/A** 2.b. Part Number **N/A** 2.c. Item Number **N/A**

2.d. **N/A**

3.a. Page Number **N/A** 3.b. Part Number **N/A** 3.c. Item Number **N/A**

3.d. **N/A**

4.a. Page Number **N/A** 4.b. Part Number **N/A** 4.c. Item Number **N/A**

4.d. **N/A**

5.a. Page Number **N/A** 5.b. Part Number **N/A** 5.c. Item Number **N/A**

5.d. **N/A**

6.a. Page Number **N/A** 6.b. Part Number **N/A** 6.c. Item Number **N/A**

6.d. **N/A**



Exhibit list

Exhibits:

Pages:

Exhibit 1 - Petitioner Beatriz Wyatt's U.S. Citizenship and Identity Evidence

Beatriz Wyatt's U.S Valid Passport	1
Beatriz Wyatt's Certificate of Naturalization	2
Beatriz Wyatt's Marriage Certificate with English Translation	3-6
Beatriz Wyatt's Proof of legal name change	7

Exhibit 2 - Beatriz Wyatt and Samuel Batista de Oliveira's Parent-Child Relationship Evidence

Beatriz Wyatt's Birth Certificate with English Translation	8-10
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Exhibit 3 - Beneficiary Samuel Batista de Oliveira's Identity Documents

Samuel Batista de Oliveira's Valid Passport	11-28
Samuel Batista de Oliveira's Birth Certificate with English Translation	29-31

Exhibit 4 - Evidence of Marriage of Samuel Batista de Oliveira and Petitioner's Mother

Samuel Batista de Oliveira's and Denise Aparecida Assis de Oliveira's Marriage Certificate with English Translation	32-34
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Exhibit 5 - Petitioner's Mother's Death Certificate

Denise Aparecida Assis de Oliveira's Death Certificate with English Translation	35-37
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Exhibit 6 - Form I-94 Arrival/Departure Record of Samuel Batista de Oliveira

**Exhibit 7 - Evidence of Current Residence of Beneficiary
Samuel Batista de Oliveira**

Samuel Batista de Oliveira's Proof of Residence with 39-41
English Translation

Exhibit 1 - Petitioner Beatriz Wyatt's U.S. Citizenship and Identity Evidence

If your passport expires within six months of your date of departure, you may be denied entry into some countries.



SIGNATURE OF BEARER / SIGNATURE DU TITULAIRE / FIRMA DEL TITULAR

PASSPORT
PASSEPORT / PASAPORTE

THE UNITED STATES OF AMERICA

Type/Type/Tipo	Code/Code/Código	Passport No./No. du Passeport/No. de Pasaporte
----------------	------------------	--

P

USA

A45353321

Surname/Nom/Apellidos

WYATT

Given names/Prénoms/Nombres

BEATRIZ

Nationality/Nationalité/Nacionalidad

UNITED STATES OF AMERICA

Date of birth/Date de naissance/Fecha de nacimiento

06 MAY 1993

Sex/Sexe/Sexo

1

Place of birth/Lieu de naissance/Lugar de nacimiento

BRAZIL

Date of issue/Date de délivrance/Fecha de expedición

26 SEP 2024

Date of expiration/Date d'expiration/Fecha de caducidad

25 SEP 2034

Authority/Autorité/Autoridad

UNITED STATES DEPARTMENT OF STATE

[illegible]

A453533214USA9305063F3409257196260785<105792

THE UNITED STATES OF AMERICA

No. 45722944

CERTIFICATE OF NATURALIZATION

Personal description of holder
as of date of naturalization:

Date of birth: MAY 06, 1993

Sex: FEMALE

Height: 5 feet 10 inches

Marital status: MARRIED

Country of former nationality:
BRAZIL

USCIS Registration No. A219 398 469

I certify that the description given is true, and that the photograph affixed
hereto is a likeness of me.

(Complete and true signature of holder)

Be it known that, pursuant to an application filed with the Secretary of
Homeland Security

at: FAIRFAX, VIRGINIA

The Secretary having found that:

BEATRIZ WYATT

residing at:

FAIRFAX STATION, VIRGINIA

having complied in all respects with all of the applicable provisions of the
naturalization laws of the United States, being entitled to be admitted as
a citizen of the United States, and having taken the oath of allegiance at a
ceremony conducted by

US DIST COURT FOR THE EASTERN DIST OF VA

at: ALEXANDRIA, VIRGINIA

on: SEPTEMBER 05, 2024

such person is admitted as a citizen of the United States of America.

U. M. Jaddo

U. S. Citizenship and Immigration Services

ALTERATION OR MISUSE OF THIS DOCUMENT IS
A FEDERAL OFFENSE AND PUNISHABLE BY LAW

DEPARTMENT OF HOMELAND SECURITY

FORM N-550 (REV. 10/17)

COMMONWEALTH OF VIRGINIA
STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS



Certificate Of Marriage

I CERTIFY THAT I JOINED TOGETHER IN MARRIAGE:

Richard Theodore Wyatt
AND Beatriz Assis De Oliveira
ON July 26, 2019 IN Fairfax, VIRGINIA,

BY AUTHORITY OF A LICENSE ISSUED BY THE CLERK OF THE CIRCUIT COURT OF
Fairfax, VIRGINIA, DATED June 17, 2019

GIVEN UNDER MY HAND ON

July 26, 2019

Ashley McKeever
(Signature of Officiant)
Celebrant
(Title of Officiant)

VS 3B 0814

THIS IS NOT A CERTIFIED CERTIFICATE



FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

Seal No.: 1164592CE000000032184625C
Verify the Authenticity of the Digital Seal at
<https://selodigital.tjsp.jus.br>

MARRIAGE TRANSCRIPTION CERTIFICATE

Registration:
116459 01 55 2025 7 00069 237 0033825 36

I certify that on page 237 verso, under No. 33825, of Book No. E-69 of Emancipations, Interdictions, and Absences, a **MARRIAGE TRANSCRIPTION** has been registered, the content of which is as follows: [COAT OF ARMS OF THE FEDERATIVE REPUBLIC OF BRAZIL]. MINISTRY OF FOREIGN AFFAIRS. CONSULATE GENERAL OF BRAZIL IN WASHINGTON. **MARRIAGE REGISTRATION CERTIFICATE**. I CERTIFY that, on page 72 of Book No. 10 of Deeds and Registration of Titles and Documents of this Office, under No. 2758, the marriage certificate of **BEATRIZ ASSIS DE OLIVEIRA** and **RICHARD THEODORE WYATT**, was registered, contracted on July 26, 2019 (07/26/2019) in Fairfax, Virginia, United States, before Anthony J. Weaver. BEATRIZ ASSIS DE OLIVEIRA, Brazilian, public relations, residing and domiciled at 6535 Ryanlynn Drive, Fairfax Station, Virginia, United States, ZIP Code 22039, born on 05/06/1993 in Campinas, São Paulo, Brazil, of whose legal capacity I certify, daughter of Samuel Batista de Oliveira and Denise Aparecida Assis de Oliveira. RICHARD THEODORE WYATT, American, IT technician, residing and domiciled at 6535 Ryanlynn Drive, Fairfax Station, Virginia, United States, ZIP Code 22039, born on 03/25/1993 in Rockville, Maryland, United States, of whose legal capacity I certify, son of John Richard Wyatt and Molly Ann Wyatt. Note: according to registration No. 2592, recorded on page 42 of Book E-18 of this Office, at the request of the spouses, I certify that: Beatriz Assis de Oliveira, after marriage, kept the name **BEATRIZ ASSIS DE OLIVEIRA**; Richard Theodore Wyatt, after marriage, kept the name **RICHARD THEODORE WYATT**; The foreign matrimonial property regime adopted is "established in accordance with Article 7, paragraph 4, of Decree-Law No. 4657/1942, pursuant to paragraph 4 of Article 13 of the Brazilian National Council of Justice (CNJ) Resolution No. 155/2012". Legal basis: Article 18 of Decree-Law No. 4657/42, Article 32, caput, of Law 6015/73, and CNJ Resolution No. 155/2012. I drafted, reviewed, read, and conclude this act. I certify and sign it. [a] Washington, July twenty-first, two thousand twenty-three [a] Maria Sanae Araki, Deputy Consul. Note: "The provisions of Article 7, paragraph 4, of Decree-Law No. 4.657/1942 apply." **ANNOTATION**: By virtue of a request dated 06/11/2025, filed at this Office under No. 2166/2025, I hereby include in this record the addition of the spouse's surname during the marriage, pursuant to item II of Article 57 of Law 6015/73, so that the contracting party shall henceforth be known as: **BEATRIZ WYATT**. Campinas, 06/17/2025. I, [a] Mariana C. Firmino, clerk, typed and sign.

Transcription made on June 17, 2025.

I, MARIANA CARLOS FIRMINO-clerk, typed it. Exempt from seals

Name of the Office

Civil Registry of Natural Persons - 1st Subdistrict

Registrar

LUIS ANTONIO MEDEIROS SOUZA

City/State

Campinas/SP

Address

Avenida Coronel Silva Teles, No. 123, Cambuí Neighborhood, Campinas-SP, ZIP Code 13024-000. Phone/Fax: (19) 3751-1700, email: campinas1@arpensp.org.br

The above is true and I certify.

Campinas, June 17, 2025.

-----//Signature//-----

MARIANA CARLOS FIRMINO
Clerk

MARIANA CARLOS FIRMINO
Clerk

IA 000312827

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: April 29, 2026.



Selo nº 1164592CE00000032184625C
Consulte a Autenticidade do Selo Digital em
<https://selodigital.tjsp.jus.br/>



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE TRANSCRIÇÃO DE CASAMENTO

Matrícula:

116459 01 55 2025 7 00069 237 0033825 36

Certifico que às fls. 237 verso, sob o nº 33825, do livro nº E-69 de Emancipações, Interdições e Ausências, está registrada a **TRANSCRIÇÃO DE CASAMENTO**, cujo teor é o seguinte: [BRASÃO DA REPÚBLICA FEDERATIVA DO BRASIL]. MINISTÉRIO DAS RELAÇÕES EXTERIORES. CONSULADO-GERAL DO BRASIL EM WASHINGTON. **CERTIDÃO DE REGISTRO DE CASAMENTO**. CERTIFICO que, as fls. 72 do Livro n. 10 de Escrituras e Registro de Títulos e Documentos desta Repartição, sob o n. 2758, foi registrada a certidão de casamento de **BEATRIZ ASSIS DE OLIVEIRA** e **RICHARD THEODORE WYATT**, contraído no dia 26 de julho de 2019 (26/07/2019) em Fairfax, Virgínia, Estados Unidos, perante Anthony J. Weaver. **BEATRIZ ASSIS DE OLIVEIRA**, brasileira, relações públicas, residente e domiciliada no(a) 6535 Ryanlynn Drive, Fairfax Station, Virgínia, Estados Unidos, Código Postal: 22039, nascida a 06/05/1993 em Campinas, São Paulo, Brasil, de cuja capacidade jurídica dou fé, filha de Samuel Batista de Oliveira e Denise Aparecida Assis de Oliveira. **RICHARD THEODORE WYATT**, norte-americano, técnico de informática, residente e domiciliado no(a) 6535 Ryanlynn Drive, Fairfax Station, Virgínia, Estados Unidos, Código Postal: 22039, nascido a 25/03/1993 em Rockville, Maryland, Estados Unidos, de cuja capacidade jurídica dou fé, filho de John Richard Wyatt e Molly Ann Wyatt. Observação: de acordo com registro n. 2592, lavrado as fls. 42 do Livro E-18, desta Repartição, a requerimento dos cônjuges, certifico que: Beatriz Assis de Oliveira, depois de casada, conservou o nome de **BEATRIZ ASSIS DE OLIVEIRA**; Richard Theodore Wyatt, depois de casado, conservou o nome de **RICHARD THEODORE WYATT**; O regime estrangeiro de bens adotado é o "estabelecido conforme o disposto no artigo 7º § 4º, do Decreto-Lei nº 4657/1942, nos termos do § 4º do Art.13 da Resolução CNJ nº 155/2012". Amparo legal: Art. 18 do Decreto-Lei n. 4657/42, Art.32, caput, da Lei 6015/73 e Resolução CNJ n. 155/2012. Lavrei, conferi, li e encerro o presente ato. Dou fé e assino. [a] Washington, vinte e um de julho de dois mil e vinte e três [a] Maria Sanae Araki, Vice-Cônsul. Observação: "Aplica-se o disposto no art. 7º, § 4º, do Decreto-Lei nº 4.657/1942". **AVERBAÇÃO**: Em virtude de requerimento datado de 11/06/2025, protocolado nesta serventia sob o nº 2166/2025, faço constar, do presente assento, a inclusão do sobrenome do cônjuge na constância do casamento, nos termos do inciso II, do art. 57, da Lei 6015/73, passando a contraente a chamar-se: **BEATRIZ WYATT**. Campinas, 17/06/2025. Eu [a] Mariana C Firmino, escrevente, digitei e assino..

Transcrição feita em 17 de junho de 2025.

Eu, **MARIANA CARLOS FIRMINO**-escrevente, digitei. Isento de selos

Nome do ofício
Registro Civil Pessoas Naturais - 1. Subdistrito
Oficial registrador
LUIS ANTONIO MEDEIROS SOUZA
Município/UF
CampinasSP
Endereço
Av. Coronel Silva Teles, n. 123 bairro Cambuí, Campinas-SP CEP
13024-000. Fone/Fax: (19) 3751-1700 email: campinas1@arpensp.org.br

O conteúdo da certidão é verdadeiro. Dou fé.

Campinas, 17 de junho de 2025.

MARIANA CARLOS FIRMINO
escrevente

MARIANA CARLOS FIRMINO
Escrevente

IA000312827



Petition for Name Change
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form N-662

29



U.S. District Court

Name of Court

Alexandria

Eastern District of Virginia

A-219398469

Information About You (Petitioner)

As part of the naturalization process, you have the opportunity to legally change your name. Please complete **Item Number** lines 1 – 8. (Type or print clearly.)

1. Full and Correct Name (Current Name)
Given Name (First Name) BEATRIZ Middle Name _____ Family Name (Last Name) ASSIS DE OLIVEIRA
2. Mailing Address
Street Number and Name 6535 RYANLYNN DR City or Town FAIRFAX STA State VA ZIP Code 22039-1517
3. Country of Citizenship or Nationality Brazil 4. Date of Birth (mm/dd/yyyy) 05/06/1993 5. Alien Registration Number (A-Number) A-219398469
6. ☒ I certify that I am not seeking a change of name for any unlawful purpose such as the avoidance of debt or evasion of law enforcement.
7. I petition the court to change my name to:
First Name BEATRIZ Middle Name _____ Last Name WYATT
8. Signature and Date
Signature of Petition (Use your current name) *Beatriz Oliveira* Date (mm/dd/yyyy) 05/03/2024

Certification of Name Change

I certify that the above petition was granted by the court on this date, SEP 05 2024
(mm/dd/yyyy)

Signature of Clerk Fernando Galindo, Clerk

Signature of Deputy Clerk *Steven Green*

Important Information

Your copy of this petition, along with your Certificate of Naturalization, which you will receive upon taking the oath of allegiance, will verify that you elected to change your name. Your Certificate of Naturalization bears your new name as changed per order of the court.

**Exhibit 2 - Beatriz
Wyatt and Samuel
Batista de Oliveira's
Parent-Child
Relationship
Evidence**



Seal No.: 1164592CE000000010360921Q
Verify the Authenticity of the Digital Seal at
<https://selodigital.tjsp.jus.br>



FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

Birth Certificate

NAME:

BEATRIZ ASSIS DE OLIVEIRA

CPF
NO RECORD

REGISTRATION:
116459 01 55 1993 1 00265 258 0105945 72

DATE OF BIRTH (IN FULL)
May sixth, nineteen ninety-three.

DAY	MONTH	YEAR
06	05	1993

TIME OF BIRTH	CITY OF BIRTH
8:20 AM	CAMPINAS-SP

CITY OF REGISTRATION AND STATE	PLACE, CITY OF BIRTH AND STATE	SEX
Campinas - São Paulo	CAMPINAS-SP	Female

FILIATION
SAMUEL BATISTA DE OLIVEIRA and DENISE APARECIDA ASSIS DE OLIVEIRA

GRANDPARENTS
JOSIAS RODRIGUES DE OLIVEIRA and VILMA BATISTA DE OLIVEIRA (paternal) and ANTONIO MOREIRA DE ASSIS and GENI MENEGAZO DE ASSIS (maternal)

TWIN	NAME AND REGISTRATION NUMBER OF TWINS
No	No Record

DATE OF REGISTRATION (IN FULL)	NUMBER OF LIVE BIRTH CERTIFICATE
May seventh, nineteen ninety-three.	No record

NOTES/ ANNOTATIONS TO BE ADDED
Act recorded in Book A-265, at page 258, under No. 105945. Registration date: May 7, 1993.
Date of birth of the registered: May 6, 1993.

Nothing further was required of me to certify.
Fees: To the Registrar: R\$ 29.00; ISS: R\$ 1.52; To IPESP: R\$ 5.80. Total: R\$ 36.32

REGISTRATION NOTES

Name of the Office
Civil Registry of Natural Persons - 1st Subdistrict
Registrar
LUIS ANTONIO MEDEIROS SOUZA
City/State
Campinas/SP
Address

Avenida Coronel Silva Teles, No. 123, Cambuí Neighborhood, Campinas-SP, ZIP Code 13024-000. Phone/Fax: (19) 3751-1700, email: campinas1@arpensp.org.br

The content of this certificate is true. I certify.
Campinas, May 3, 2021.

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

ISILDA APARECIDA FERNANDES DE SOUZA
Clerk

Isilda Aparecida Fernandes de Souza
Clerk

116459 - AA000156595

116459 - AA000156595 01/21

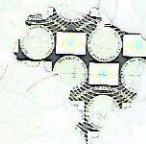
I, Carolina Favero da Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that the professional translation of this document from Portuguese to English has been performed by myself, a qualified translator fluent in both languages, and that the following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



Date: April 28, 2026.



Selo nº 1164592CE000000010360921Q
Consulte a Autenticidade do Selo Digital em
<https://selodigital.tjsp.jus.br/>



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

Certidão de Nascimento

NOME:

BEATRIZ ASSIS DE OLIVEIRA

CPF
SEM INFORMAÇÃO

MATRÍCULA:

116459 01 55 1993 1 00265 258 0105945 72

DATA DE NASCIMENTO (POR EXTENSO)
Seis de maio de mil novecentos e noventa e três.

DIA
06

MÊS
05

ANO
1993

HORA DE NASCIMENTO
08h20min

NATURALIDADE
CAMPINAS-SP

MUNICÍPIO DE REGISTRO E UNIDADE DA FEDERAÇÃO
Campinas - São Paulo

LOCAL, MUNICÍPIO DE NASCIMENTO E UF
CAMPINAS-SP

SEXO
Feminino

FILIAÇÃO
SAMUEL BATISTA DE OLIVEIRA e DENISE APARECIDA ASSIS DE OLIVEIRA

AVÓS
JOSIAS RODRIGUES DE OLIVEIRA e VILMA BATISTA DE OLIVEIRA (paternos) e ANTONIO MOREIRA DE ASSIS e GENI MENEGAZO DE ASSIS (maternos)

GÊMEOS
Não

NOME E MATRÍCULA DO(S) GÊMEO(S)
Nada consta

DATA DE REGISTRO (POR EXTENSO)
Sete de maio de mil novecentos e noventa e três.

NÚMERO DA DNV/DECLARAÇÃO DE NASCIDOS VIVOS
Não informado

AVERBAÇÕES/ANOTAÇÕES À ACRESCER
**Ato registrado no livro A-265, às folhas 258, sob o nº 105945. Data do registro: 07 de maio de 1993.
Data de nascimento da registrada: 06 de maio de 1993.**

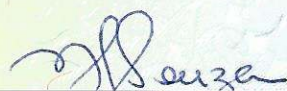
Nada mais me cumpria certificar. .

Custas: Ao Oficial: R\$ 29,00; ISS: R\$ 1,52; Ao Ispesp: R\$ 5,80Total: R\$ 36,32

ANOTAÇÕES DE CADASTRO

Nome do ofício
Registro Civil Pessoas Naturais - 1. Subdistrito
Oficial registrador
LUIS ANTONIO MEDEIROS SOUZA
Município/UF
Campinas/SP
Endereço
Av. Coronel Silva Teles, n. 123 bairro Cambuí, Campinas-SP CEP
13024-000. Fone/Fax: (19) 3751-1700 email: campinas1@arpensp.org.br

O conteúdo da certidão é verdadeiro. Dou fé.
Campinas, 03 de maio de 2021.


ISILDA APARECIDA FERNANDES DE SOUZA
escrevente

Isilda Aparecida Fernandes de Souza
escrevente

116459 - AA000156595

116459 - AA000156595 01/21



**Exhibit 3 -
Beneficiary Samuel
Batista de Oliveira's
Identity Documents**



AA008QQHZM

Batista de Oliveira, Samuel

2019/03/29 10:00 -03

Sao Paulo

B1/B2

CAMPINAS

Correios



FX327375

CSRA ID. 1030963130

REPÚBLICA
FEDERATIVA DO
BRASIL



PASSAPORTE
MERCOSUL

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 passeport 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 presten 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.



Este documento pertence à

Ce document appartient à la

This document is the property of the

Este documento pertenece a la

REPÚBLICA FEDERATIVA DO BRASIL

PASSAPORTE

PASSEPORT

PASSPORT

PASAPORTE



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



REDI'IRI CA ENEDEPATIVA DO DDACH

TIPO / TYPE

PAÍS EMISSOR / ISSUING COUNTRY

PASSAPORTE N° / PASSPORT No

9

ERA

PASSAPORTE N°
FX327375

SOBRENOME / SURNAME

BATISTA DE OLIVEIRA

NAME / GIVEN NAMES

SAMUEL

NACIONALIDADE / NATIONALITY

BRASILEIRO(A)

DATA DO NASCIMENTO / DATE OF BIRTH:

21 JUL/JUL 1963

IDENTIDADE Nº / PERSONAL Nº

SF50 / SF5

2000

NATURALIDADE / PLACE OF BIRTH

CAMPINAS/SP

FILIACÃO / FILIATION

JOSIAS RODRIGUES DE OLIVEIRA.

VILMA BATISTA DE OLIVEIRA

DATA DE EXPEDIÇÃO / DATE OF ISSUE

30 OCT/OCT 2018

VÁLIDO ATÉ / DATE OF EXPIRY

29 OCT/OCT 2028

AUTORIDADE / AUTHORITY

DPF/CAS/SP

P<BRABATISTA<DE<OLIVEIRA<<SAMUEL<<<<<<<<<<<
FX327375<9BRA6307217M2810294<<<<<<<<<<<<<00

BRASIL

Para uso das autoridades brasileiras
Réserve aux autorités brésiennes
For the use of Brazilian authorities
Para uso de las autoridades brasileñas



BRASIL

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. 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 cessão 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 recomendável que o brasileiro residente no exterior, ou de passagem por região conturbada, matricule-se na Embaixada ou no Consulado do Brasil mais próximo. Impossibilitado de comparecer pessoalmente, poderá comunicar-se por outro meio, fornecendo nome completo, endereço e número do passaporte.

O brasileiro que viaje por áreas conturbadas deve ter 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 a seus familiares.

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 de 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 da autorização 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.

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







Class
Until

MAY 16 2022

VISA

UNITED STATES OF AMERICA



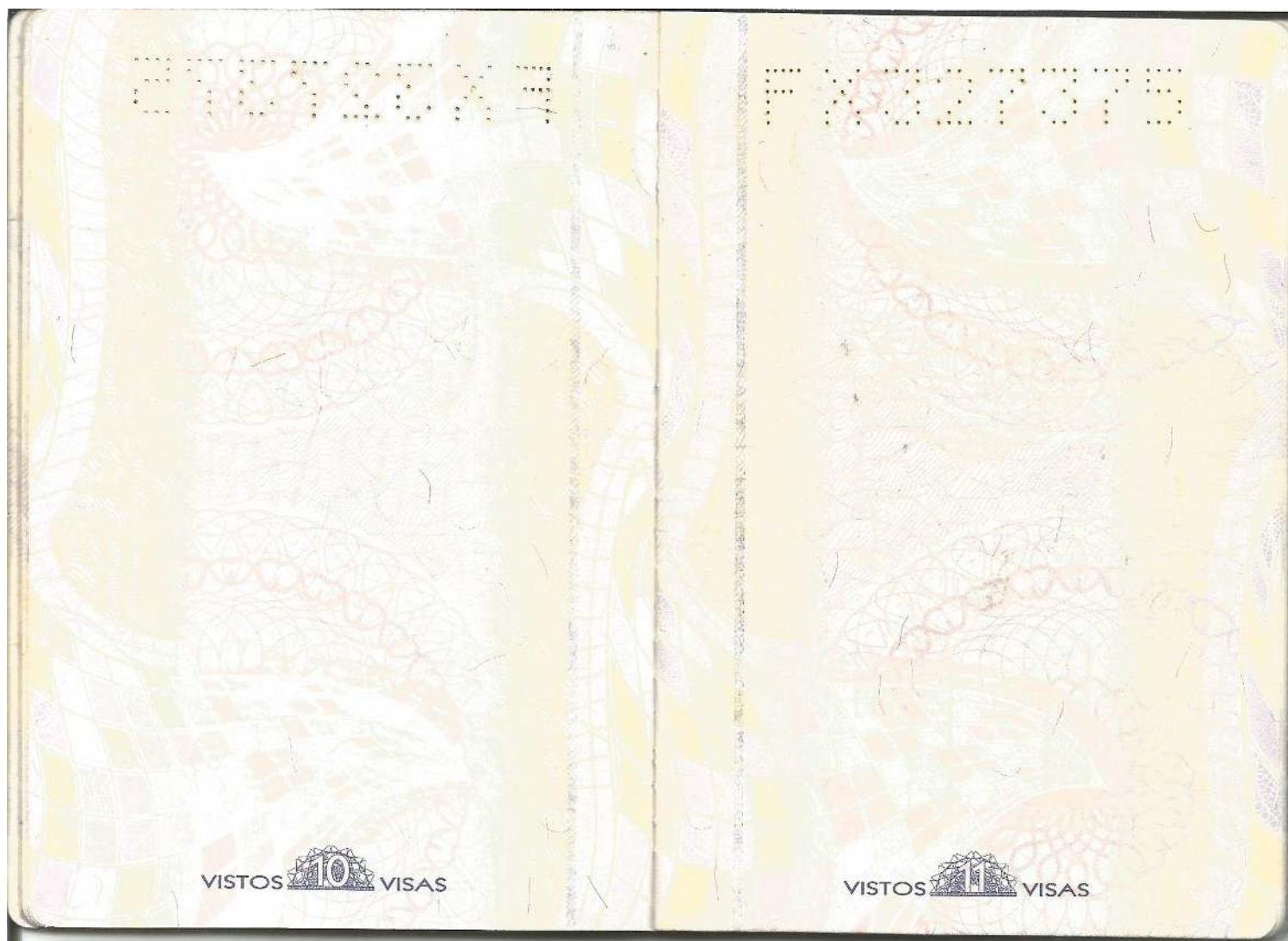
Annotation

100

N9278464

VNUSABATISTA<DE<OLIVEIRA<<SAMUEL<<<<<<<<<<

FX327375<9BRA6307217M2903275B3SPL312GP552913







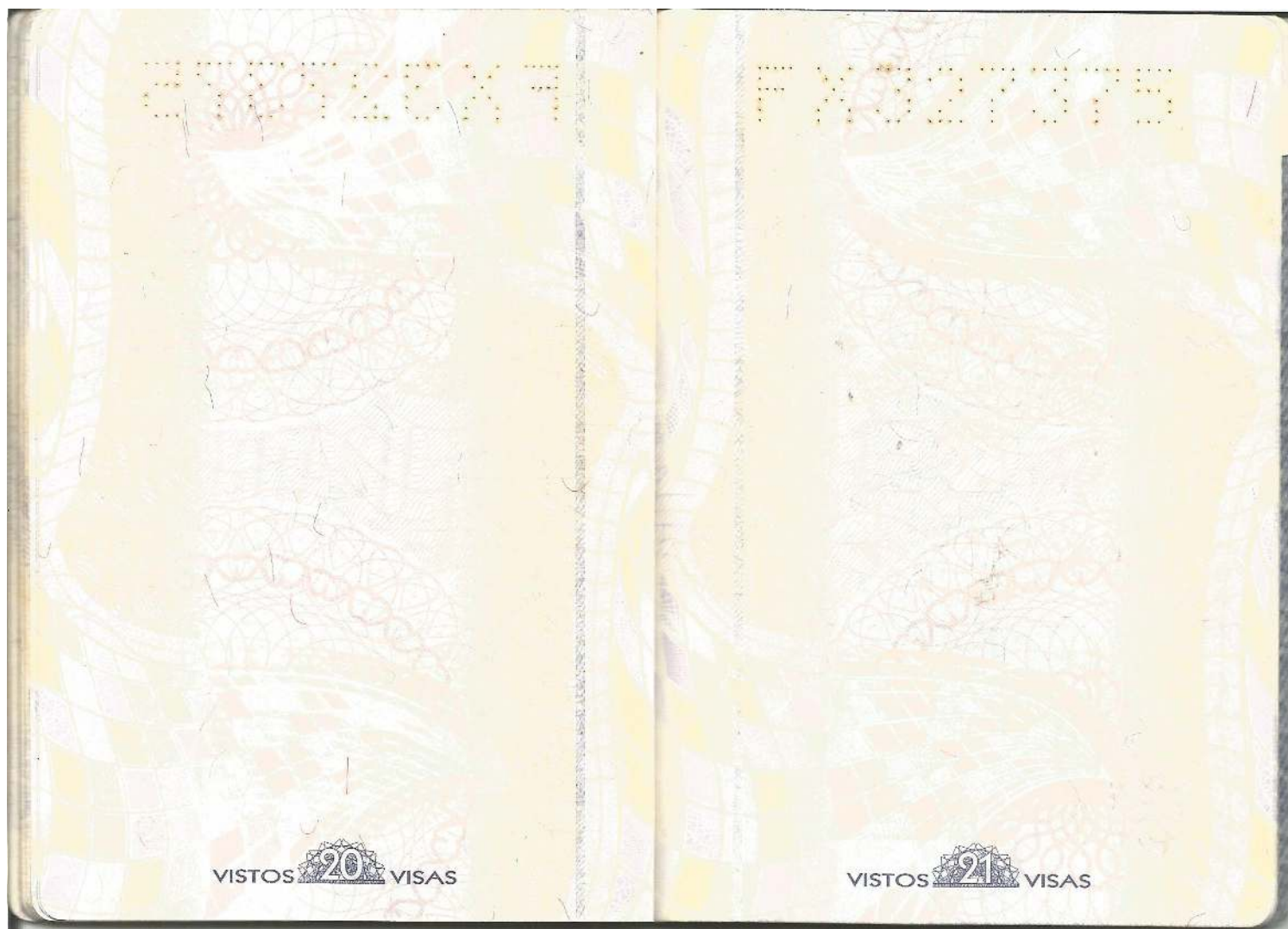
FX327375

FX327375

VISTOS  VISAS

VISTOS  VISAS















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

ENDEREÇO DO TITULAR / ADRESSE DU TITULAIRE
BEARER'S ADDRESS / DIRECCIÓN DEL TITULAR

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

Em caso de acidente, avisar a Embaixada ou o Consulado
do Brasil mais próximo e a 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: _____



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

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

Além do apêndice e dos cuidados normais
relacionados a um passaporte, tenha com este
documento as mesmas precauções que teria com
qualquer outro dispositivo eletrônico portátil,
assegurando que ele não ficará úmido, dobrado
ou amassado. Abusos podem afetar adversa-
mente a operação do chip e reduzir sua utilidade
para o titular e para o controle de fronteira.

NÃO GRAMPEAR OU CARIMBAR ESTA PÁGINA

NE PAS AGRESSER OU TAMPONNER CETTE PAGE

DO NOT STAMP OR STAMP THIS PAGE

NO GRAPHE NI SELLAR ESTA PAGINA



Simbolo Internacional do
Passaporte Eletrônico



MINISTÉRIO DAS RELAÇÕES DO BRASIL



Seal No.: 1164592CE000000036481826Y
Verify the Authenticity of the Digital Seal
at

<https://selodigital.tjsp.jus.br>



FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

BIRTH CERTIFICATE

Name
SAMUEL BATISTA DE OLIVEIRA
CPF

No Record

Registration
116459 01 55 1963 1 00129 286 0036526 86

Date of birth	Day	Month	Year
July twenty-first, nineteen sixty-three	21	07	1963

Time of birth	City of birth	State
9:15 AM	Campinas	São Paulo

Place of birth	City of birth	State	Sex
Campinas-SP	Campinas	São Paulo	Male

Parent's name	City of birth	State
JOSIAS RODRIGUES DE OLIVEIRA	Bocaiuva	Minas Gerais

Respective grandparent(s)
GERALDA FRANCISCA DE OLIVEIRA

Parent's name	City of birth	State
VILMA BATISTA DE OLIVEIRA	No record	

Respective grandparent(s)
MANOEL BATISTA FILHO; MARIA DE LOURDES RODRIGUES BATISTA

Date of registration	Number of Live Birth Certificate
July twenty-third, nineteen sixty-three	No record

Notes/Annotations
Registration recorded under No. 36526 on page 286 of Book No. A-129. **NOTE:** The registered married Denise Aparecida de Assis, who adopted the name Denise Aparecida Assis de Oliveira on 12/14/1990, Law 6015, in this city and transcribed today in this subdistrict, Book B AUX-14, page 222, No. 4396. Campinas, 12/28/1990. I, Claudio de Moraes, authorized clerk, signed [a]. **NOTE:** The registered contracted a second marriage on 06/11/2022, and transcribed today in this registry office, Book B AUX-30, page 268v, No. 10907, with Lizeti Miranda. Campinas, 06/15/2022. [a]. From these notes R\$ 47.98. Nothing further was required of me to certify. Fees: To the Registrar: R\$ 38.30; ISS: R\$ 2.02; To IPESP: R\$ 7.66; Total: R\$ 47.98.

Name of the Office
Civil Registry of Natural Persons - 1st Subdistrict
Registrar
LUIS ANTONIO MEDEIROS SOUZA
City/State
Campinas/SP
Address
Avenida Coronel Silva Teles, No. 123, Cambuí Neighborhood, Campinas-SP, ZIP Code 13024-000. Phone/Fax: (19) 3751-1700, email: campinas1@arpensp.org.br

The content of this certificate is true. I certify.
Campinas, April 8, 2026.

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

RAQUEL LAHARA PONTES PRADO
CLERK

RAQUEL LAHARA PONTES PRADO
Clerk

IA015529119

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: April 29, 2026.



Selo nº 1164592CE000000036481826Y
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em
<https://selodigital.tjsp.jus.br/>



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE NASCIMENTO

Nome

SAMUEL BATISTA DE OLIVEIRA

Número do CPF

Sem Informação

Matrícula

116459 01 55 1963 1 00129 286 0036526 86

Data de nascimento

Dia

Mês

Ano

Vinte e um de julho de mil novecentos e sessenta e três

21

07

1963

Horário de nascimento

Município de naturalidade

UF

09h15min

Campinas

SP

Local nascimento

Município de nascimento

UF

Sexo

Campinas-SP

Campinas

SP

Masculino

Nome do(a) Genitor(a)

Município de nascimento

UF

JOSIAS RODRIGUES DE OLIVEIRA

Bocaiuva

MG

Avô(ó) respectivo(s)

GERALDA FRANCISCA DE OLIVEIRA

Nome do(a) Genitor(a)

Município de nascimento

UF

VILMA BATISTA DE OLIVEIRA

não consta

Avô(ó) respectivo(s)

MANOEL BATISTA FILHO; MARIA DE LOURDES RODRIGUES BATISTA

Data de registro

DNV

Vinte e três de julho de mil novecentos e sessenta e três

Não informado

Anotações/Averbações

Registro lavrado sob o nº 36526 às fls. 266 do livro nº A-129. **ANOTAÇÃO:** O registrado casou-se com Denise Aparecida de Assis, que adotou: Denise Aparecida Assis de Oliveira aos 14.12.90. Lei 6015 nesta cidade e transcrito hoje neste subdistrito L.B aux. 14 fls. 222 nº 4396. Campinas 28-12-90. Eu, Claudio de Moraes, esc. aut. [a]. **ANOTAÇÃO:** O registrado casou-se em 2ª nupcias aos 11.08.2022 e transcrito hoje neste cartório L.B aux. 30 fls. 268v nº 10907 com Lizeti Miranda. Cps 15.06.2022. [a]. Destas anotações R\$ 47,98. Nada mais me cumpria certificar. Custas: Ao Oficial: R\$ 38,30; ISS: R\$ 2,02; Ao lpep: R\$ 7,66; Total: R\$ 47,98

Nome do ofício

Registro Civil Pessoas Naturais - 1. Subdistrito

Oficial registrador

LUIS ANTONIO MEDEIROS SOUZA

Município/UF

Campinas/SP

Endereço

Av. Coronel Silva Teles, n. 123 bairro Cambui, Campinas-SP CEP 13024-000.

Fone/Fax: (19) 3751-1700 email: campinas1@arpensp.org.br

O conteúdo da certidão é verdadeiro. Dou fé.

Campinas, 08 de abril de 2026.

RAQUEL LAHARA PONTES PRADO
ESCREVENTE

RAQUEL LAHARA PONTES PRADO
Escrevente

IA015529119

**Exhibit 4 - Evidence
of Marriage of
Samuel Batista de
Oliveira and
Petitioner's Mother**



FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

Seal No.: 1164592CE000000010088821J
Verify the Authenticity of the Digital Seal at

<https://selodigital.tjsp.jus.br>

RELIGIOUS MARRIAGE CERTIFICATE WITH CIVIL EFFECT

NAMES

SAMUEL BATISTA DE OLIVEIRA

CPF

NO RECORD

DENISE APARECIDA ASSIS DE OLIVEIRA

CPF

NO RECORD

REGISTRATION:

116459 01 55 1990 3 00014 222 0004396 43

FULL BIRTH NAMES, DATES OF BIRTH, PLACE OF BIRTH, NATIONALITY, AND FILIATION OF THE SPOUSES

SAMUEL BATISTA DE OLIVEIRA, Brazilian, born in Campinas - 1st Subdistrict-SP, born on July 21, 1963, son of JOSIAS RODRIGUES DE OLIVEIRA and VILMA BATISTA DE OLIVEIRA

DENISE APARECIDA DE ASSIS, Brazilian, born in Campinas - 2nd Subdistrict-SP, born on June 7, 1965, daughter of ANTONIO MOREIRA DE ASSIS and GENI MENEGAZO DE ASSIS

DATE OF MARRIAGE REGISTRATION IN FULL

December twenty-eighth, nineteen ninety.

DAY

28

MONTH

12

YEAR

1990

MARITAL PROPERTY REGIME

Partial Community Property

NAME EACH SPOUSE BEGAN TO USE (IF CHANGED)

DENISE APARECIDA ASSIS DE OLIVEIRA

NOTES/ANNOTATIONS TO BE ADDED

Act recorded in Book B AUX-14, on page 222, under No. 4396. Registration date: December 28, 1990. Date of celebration of the Religious Marriage with civil effect: December 14, 1990. **Annotation:** The contracting party died on 04/06/2021, death recorded in this registry office, Book C-153, page 81v, No. 51132. Campinas, 04/12/2021. Clerk: [a.]. From this annotation... R\$ 18.16. Nothing further was required of me to certify. Fees: To the Registrar: R\$ 29.00; ISS: R\$ 1.52; To IPESP: R\$ 5.80; Total: R\$ 36.32

REGISTRATION NOTES

Name of the Office

Civil Registry of Natural Persons - 1st Subdistrict

Registrar

LUIS ANTONIO MEDEIROS SOUZA

City/State

Campinas/SP

Address

Avenida Coronel Silva Teles, No. 123, Cambuí Neighborhood, Campinas-SP, ZIP Code 13024-000. Phone/Fax: (19) 3751-1700, email: campinas1@arpensp.org.br

The content of this certificate is true. I certify.

Campinas, April 12, 2021.

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

ISILDA APARECIDA FERNANDES DE SOUZA

Clerk

Isilda Aparecida Fernandes de Souza
Clerk

116459 - AA000155177

116459 - AA000155177 01/21

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: April 28, 2026.



Selo nº 1164592CE000000010088821J
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<https://selodigital.tjsp.jus.br/>



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE CASAMENTO
RELIGIOSO COM EFEITO CIVIL

NOMES

SAMUEL BATISTA DE OLIVEIRA

CPF
SEM INFORMAÇÃO

DENISE APARECIDA ASSIS DE OLIVEIRA

CPF
SEM INFORMAÇÃO

MATRÍCULA:

116459 01 55 1990 3 00014 222 0004396 43

NOMES COMPLETOS DE SOLTEIRO, DATAS E LOCAIS DE NASCIMENTO, NACIONALIDADE E FILIAÇÃO DOS CÔNJUGES

SAMUEL BATISTA DE OLIVEIRA, nacionalidade brasileira, natural de Campinas - 1º Subdistrito-SP, nascido no dia 21 de julho de 1963, filho de JOSIAS RODRIGUES DE OLIVEIRA e VILMA BATISTA DE OLIVEIRA

DENISE APARECIDA DE ASSIS, nacionalidade brasileira, natural de Campinas - 2º subdistrito-SP, nascida no dia 07 de junho de 1965, filha de ANTONIO MOREIRA DE ASSIS e GENI MENEGAZO DE ASSIS

DATA DE REGISTRO DO CASAMENTO POR EXTENSO

Vinte e oito de dezembro de mil novecentos e noventa.

DIA
28

MÊS
12

ANO
1990

REGIME DE BENS DO CASAMENTO

Comunhão Parcial de Bens

NOME QUE CADA UM DOS CÔNJUGES PASSOU A UTILIZAR (QUANDO HOUVER ALTERAÇÃO)

DENISE APARECIDA ASSIS DE OLIVEIRA

AVERBAÇÕES/ANOTAÇÕES A ACRESCEER

Ato registrado no livro B AUX-14, às folhas 222, sob o nº 4396. Data do registro: 28 de dezembro de 1990. Data de celebração do Casamento Religioso com efeito civil: 14 de dezembro de 1990. **Anotação:** A contraente faleceu aos 06.04.2021, óbito registrado neste cartório, L.C.153 fls.81v n.51132. Cps. 12.04.2021 Esc. [a.]. Desta anotação...R\$18,16 Nada mais me cumpria certificar. Custas: Ao Oficial: R\$ 29,00; ISS: R\$ 1,52; Ao Ipesp: R\$ 5,80; Total: R\$ 36,32.

ANOTAÇÕES DE CADASTRO

Nome do Ofício

Registro Civil Pessoas Naturais - 1. Subdistrito

Oficial Registrador

LUIS ANTONIO MEDEIROS SOUZA

Município/UF

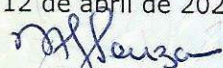
Campinas/SP

Endereço

Av. Coronel Silva Teles, n. 123 bairro Cambuí, Campinas-SP CEP 13024-000. Fone/Fax: (19) 3751-1700 email: campinas1@arpensp.org.br

O conteúdo da certidão é verdadeiro. Dou fé.

Campinas, 12 de abril de 2021.


ISILDA APARECIDA FERNANDES DE SOUZA
escrevente

Isilda Aparecida Fernandes de Souza
escrevente

116459 - AA000155177

116459 - AA000155177 01/21

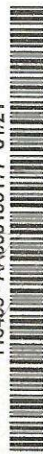


**Exhibit 5 -
Petitioner's Mother's
Death Certificate**



Seal No.: 1164592PV0000000100719211
Verify the Authenticity of the Digital Seal at

<https://selodigital.tjsp.jus.br>



FEDERATIVE REPUBLIC OF BRAZIL
CIVIL REGISTRY OF NATURAL PERSONS

DEATH CERTIFICATE

NAME:

DENISE APARECIDA ASSIS DE OLIVEIRA

CPF 102.123.058-83

REGISTRATION:
116459 01 55 2021 4 00153 081 0051132 19

SEX Female	SKIN White	MARITAL STATUS AND AGE Married, 55 years old
---------------	---------------	---

CITY OF BIRTH Campinas-SP	IDENTIFICATION DOCUMENT CPF nº 102.123.058-83, ID No. 18.137.575-8 SSP/SP	REGISTERED VOTER Yes
------------------------------	---	-------------------------

FILIATION AND RESIDENCE Daughter of ANTONIO MOREIRA DE ASSIS, deceased, and GENI MENEGAZO DE ASSIS, divorced, state public servant. Residence of the deceased: Rua Lotário Novaes No. 325, Taquaral, Campinas-SP

DATE AND TIME OF DEATH April sixth, two thousand twenty-one, at 9:42 p.m.	DAY 06	MONTH 04	YEAR 2021
--	-----------	-------------	--------------

PLACE OF DEATH Vera Cruz - Casa de Saúde Hospital, Campinas-SP

CAUSE OF DEATH refractory shock, complications of COVID-19, obesity, systemic arterial hypertension
--

BURIAL / CREMATION Parque das Acácias Cemetery, Valinhos/SP	DECLARANT SAMUEL BATISTA DE OLIVEIRA
--	---

NAME AND DOCUMENT NUMBER OF THE PHYSICIAN WHO CERTIFIED THE DEATH DAVID RATTS BARBOSA COUTINHO, CRM (<i>Regional Medical Council</i>) 179968

NOTES/ ANNOTATIONS TO BE ADDED Act recorded in Book C-153, on page 81v, under No. 51132. Registration date: April 10, 2021. Date of birth of the deceased: June 7, 1965. She left no assets, left no will, and was a registered voter in Campinas-SP. She was married to SAMUEL BATISTA DE OLIVEIRA, the marriage having been celebrated in Campinas-SP (1st Subdistrict, Book BAux-14, page 222, No. 4396). She left the children: Beatriz and Mateus, both of legal age. Registration drawn up in accordance with Death Certificate No. 210703 of the Funeral Service of the Municipality of Campinas-SP. Nothing further was required of me to certify.
--

REGISTRATION NOTES				
DOCUMENT TYPE ID	NUMBER 18.137.575-8	DATE OF ISSUE	ISSUING AUTHORITY SSP/SP	VALIDITY DATE

Name of the Office
Civil Registry of Natural Persons - 1st Subdistrict
Registrar
LUIS ANTONIO MEDEIROS SOUZA
City/State
Campinas/SP
Address

Avenida Coronel Silva Teles, No. 123, Cambuí Neighborhood, Campinas-SP, ZIP Code 13024-000. Phone/Fax: (19) 3751-1700, email: campinas1@arpensp.org.br

The content of this certificate is true. I certify.

Campinas, April 10, 2021.

---//signature//---

MARIANA CARLOS FIRMINO - Clerk

MARIANA CARLOS FIRMINO
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: April 28, 2026.



Selo nº 1164592PV/0000000100719211
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<https://selodigital.tjsp.jus.br/>



REPÚBLICA FEDERATIVA DO BRASIL
REGISTRO CIVIL DAS PESSOAS NATURAIS

CERTIDÃO DE ÓBITO

NOME:

DENISE APARECIDA ASSIS DE OLIVEIRA

CPF

102.123.058-83

MATRÍCULA:

116459 01 55 2021 4 00153 081 0051132 19

SEXO

Feminino

COR

Branca

ESTADO CIVIL E IDADE

Casada, 55 anos

NATURALIDADE

Campinas-SP

DOCUMENTO DE IDENTIFICAÇÃO

CPF nº 102.123.058-83, RG nº 18.137.575-8
SSP/SP

ELEITOR

Sim

FILIAÇÃO E RESIDÊNCIA

Filha de ANTONIO MOREIRA DE ASSIS, falecido e de GENI MENEGAZO DE ASSIS, divorciada, func. pub. estadual. Residência da falecida: Rua Lotário Novaes, nº 325, Taquaral, Campinas-SP

DATA E HORA DE FALECIMENTO

Seis de abril de dois mil e vinte e um, às 21h42min.

DIA

06

MÊS

04

ANO

2021

LOCAL DE FALECIMENTO

Hospital Vera Cruz - Casa de Saúde, Campinas-SP

CAUSA DA MORTE

choque refratário, complicações do covid - 19, obesidade, hipertensão arterial sistêmica

SEPULTAMENTO / CREMAÇÃO

Cemitério Parque das Acácias, Valinhos/SP

DECLARANTE

SAMUEL BATISTA DE OLIVEIRA

NOME E Nº DE DOCUMENTO DO(S) MÉDICO(S) QUE ATESTOU(ARAM) O ÓBITO

DAVID RATTI BARBOSA COUTINHO, CRM 179968

AVERBAÇÕES / ANOTAÇÕES À ACRESCER

Ato registrado no livro C-153, às folhas 81v, sob o nº 51132. Data do registro: 10 de abril de 2021. Data de nascimento da falecida: 07 de junho de 1965. Não deixou bens, não deixou testamento e era eleitora por Campinas-SP. Era casada com SAMUEL BATISTA DE OLIVEIRA, casamento realizado em Campinas-SP (1º Subdistrito, L. BAux-14, fls. 222, nº 4396). Deixou os filhos: Beatriz e Mateus, ambos maiores de idade. Registro lavrado de acordo com a Declaração de Óbito n. 210703 do Serviço Funerário do Município de Campinas-SP

Nada mais me cumpria certificar.

ANOTAÇÕES DE CADASTRO

TIPO DOCUMENTO	NÚMERO	DATA EXPEDIÇÃO	ÓRGÃO EXPEDIDOR	DATA DE VALIDADE
RG	18.137.575-8		SSP/SP	

Nome do Ofício

Registro Civil Pessoas Naturais - 1. Subdistrito

Oficial Registrador

LUIS ANTONIO MEDEIROS SOUZA

Município/UF

Campinas/SP

Endereço

Av. Coronel Silva Teles, n. 123 bairro Cambuí, Campinas-SP CEP

13024-000. Fone/Fax: (19) 3751-1700 email: campinas1@arpensp.org.br

O conteúdo da certidão é verdadeiro. Dou fé.

Campinas, 10 de abril de 2021.

MARIANA CARLOS FIRMINO - escrevente

MARIANA CARLOS FIRMINO
Escrevente



**Exhibit 6 – Form I-94
Arrival/Departure
Record of Samuel
Batista de Oliveira**

 For: **SAMUEL BATISTA DE OLIVEIRA**



U.S. Customs and Border Protection
Securing America's Borders

Most Recent I-94

Note to employers, local, state or federal agency granting benefits:

Please visit the CBP I-94/I-95 Website and click on the tab for "Get Most Recent I-94/I-95" to perform a search for the applicant to confirm that the biographic and travel information displayed on this I-94/I-95 printout matches the "Get Most Recent I-94/I-95" returned results for this applicant. Reference the CBP I-94/I-95 Website FAQs.

Admission I-94 Record Number: 911219587A4

Arrival/Issued Date: 2026 January 22

Class of Admission: B2

Admit Until Date: 2026 July 21

Details provided on the I-94 Information form:

Last/Surname: BATISTA DE OLIVEIRA

First (Given) Name: SAMUEL

Birth Date: 1963 July 21

Document Number: FX327375

Country of Citizenship: Brazil

-
- ▶ Effective April 26, 2013, DHS began automating the admission process. An alien lawfully admitted or paroled into the U.S. is no longer required to be in possession of a preprinted Form I-94/I-95. A record of admission printed from the CBP website constitutes a lawful record of admission. See 8 CFR § 1.4(d).
 - ▶ What to do if someone requests your admission info: If an employer, local, state or federal agency requests admission information, present your admission (I-94/I-95) number along with any additional required documents requested by that employer or agency.
 - ▶ For security, close your browser after retrieving your I-94/I-95 number.
 - ▶ Nonimmigrant travelers departing the United States by land or private vessel can now use the CBP Link Mobile Application to report their departure. Please note that departure should only be reported after you have physically left the United States. If you departed by air or sea, your departure was likely recorded automatically.

OMB No. 1651-0111
Expiration Date: 05/31/2026

**Exhibit 7 – Evidence
of Current Residence
of Beneficiary Samuel
Batista de Oliveira**



SAMUEL BATISTA DE OLIVEIRA
R LOTARIO NOVAES, 325
TAQUARAL
13076-150 CAMPINAS SP

Code
052/003607178

Due Date
04/15/2026

Amount
259.70

CPF/CNPJ
053.448.008-00

Payment Method
BANK SLIP

FOR A 2ND COPY OF YOUR INVOICE, DIRECT DEBIT AND QUESTIONS, VISIT MINHACLARO.COM.BR

001/009

Important:

Keep your email and phone numbers up to date.
Go to claro.com.br/minha-claro, log in or register.

Attention: canceling your CLARO services during the minimum service period will be subject to a contractual fine.



Download our app on Google Play and at the App Store.



Points balance on 03/20/26 2,383
Points redeemed on 03/26 0

description



Mobile

total

259.70

Total Amount
259.70

Mobile

Claro Monthly Fee	259.70
Total Mobile Services	259.70

Advertisement



In-person service: Av. Guilherme Campos, 500, Store 26, Jardim Santa Genebra. Check other locations at claro.com.br.
Default blocking rule – RGC 765/2023, Articles 70 to 73: After 15 days from notification, service suspension may occur.
After 60 days of suspension, the contract may be terminated, and the outstanding debt may be reported to credit protection agencies.

If payment is made before termination, services will be restored within up to 24 hours after payment confirmation.
For payments made after the due date, a daily interest of 0.033% and a 2% late fee will be charged.
If there are services rendered but not yet billed, they will be included in your upcoming invoices.

For hearing-impaired or deaf customers: visit claro.com.br/minha-claro.

Call 10621 for information, technical and financial support, service purchases, complaints, or cancellations (free call).
Ombudsman: 0800 701 0180

Mechanical Authentication

Payments made after the due date will be subject to daily interest of 0.033% and a 2% late fee. Charges resulting from late payments will be included in the next invoice.

Attention: Please make your payments at the following partner banks: BANCO BRADESCO S.A., BANCO COOPERATIVO DO BRASIL SA, BANCO COOPERATIVO SICREDI S/A, BANCO DE BRASILIA SA., BANCO DO BRASIL S.A., BANCO DO ESTADO DO PARA, BANCO INTER S.A., BANCO ITAU S.A., BANCO MERCANTIL DO BRASIL S.A., BANCO ORIGINAL S.A., BANCO SAFRA S/A, BANCO SANTANDER, BANCO TRIANGULO S.A., BANESE, BANRISUL, CAIXA ECONOMICA FEDERAL, CITIBANK, C6 BANK, FATLOJ, MULTIPAGOS, NUBANK S.A., PICPAY

Customer SAMUEL BATISTA DE OLIVEIRA	Debit ID NET SERVICOS 0520036071781	Reference month March/2026	Due Date 04/15/2026	Amount 259.70
---	---	--------------------------------------	-------------------------------	-------------------------

84690000002-3 59700162202-1 60415052000-4 00312107915-0

Pay with
Pix
Click here



I, Marina Viana Silva, telephone number 415 425-2508, mailing address P.O. Box 90487, San Diego, CA 92169, certify that I have performed the professional translation of this document from Portuguese to English, as a qualified translator fluent in both languages, and that the following is an accurate and complete translation of the document.

Marina Viana

Date: April, 28 2026



SAMUEL BATISTA DE OLIVEIRA
R LOTARIO NOVAES, 325
TAQUARAL
13076-150 CAMPINAS SP

Código
052/003607178

CPF/CNPJ
053.448.008-00

Vencimento
15/04/2026

Valor
259,70

Forma de Pagamento
BOLETO BANCÁRIO

PARA 2ª VIA DA FATURA, DÉBITO AUTOMÁTICO E DÚVIDAS, ACESSSE MINHA CLARO.COM.BR

001/009

Importante

Mantenha seu e-mail e telefones sempre atualizados. Acesse claro.com.br/minha-claro, faça seu login ou cadastre-se.

Atenção: o cancelamento de seus serviços CLARO, durante o período de permanência mínima, estará sujeito à cobrança de multa contratual.



Baixe nosso aplicativo no Google Play e na App Store



Claro clube

Saldo de pontos em 20/03/26
Pontos resgatados em 03/26

2.383
0

descrição

total

Celular

259,70

Valor total
259,70



Celular

Mensalidade Claro

259,70

Total Celular

259,70



A Galáxia te espera em uma nova aventura.

Super Mario Galaxy: O Filme está nos cinemas. E, com a Claro, você tem uma galáxia de benefícios.

Acesse:



! Atendimento presencial Av. Guilherme Campos, 500 Lj 269 Jd. Sta. Genebra. Consulte outras lojas em claro.com.br.
Regra de bloqueio da inadimplência RGC 765/2023, Art. 70 a 73: Após 15 dias da notificação poderá ocorrer a suspensão. Após 60 dias da suspensão o contrato poderá ser rescindido e poderá ocorrer a inclusão do registro do débito junto aos órgãos de proteção ao crédito.

Havendo pagamento antes da rescisão o restabelecimento dos serviços ocorrerá em até 24 hs após a baixa.
Para pagamentos após o vencimento serão cobrados juros diários de 0,033% e multa de 2%.
Caso existam serviços prestados e não cobrados, esses serão incluídos nas suas próximas faturas.

Deficiente auditivo ou surdo acesse claro.com.br/minha-claro.
Ligue 10621 para informações, atendimento técnico, financeiro, compra de serviços, reclamações ou cancelamentos (ligação gratuita). Ouvidoria 08007010180

Autenticação Mecânica

Pagamentos após o vencimento serão cobrados juros diários de 0,033% e multa de 2%. Os encargos de pagamentos efetuados após o vencimento serão cobrados na próxima fatura.

Atenção: efetue seus pagamentos nos bancos conveniados a seguir: BANCO BRADESCO S.A., BANCO COOPERATIVO DO BRASIL SA, BANCO COOPERATIVO SICREDI S/A, BANCO DE BRASILIA SA., BANCO DO BRASIL S.A., BANCO DO ESTADO DO PARA, BANCO INTER S.A., BANCO ITAU S.A., BANCO MERCANTIL DO BRASIL S.A., BANCO ORIGINAL S.A., BANCO SAFRAS S/A, BANCO SANTANDER, BANCO TRIANGULO S.A., BANESE, BANRISUL, CAIXA ECONOMICA FEDERAL, CITIBANK, C6 BANK, FATLOJ, MULTIPAGOS, NUBANK S.A., PIPAY

Cliente
SAMUEL BATISTA DE OLIVEIRA

Identificação para Débito
NET SERVICOS 0520036071781

Mês Referência
Março/2026

Vencimento
15/04/2026

Valor
259,70

84690000002-3 59700162202-1 60415052000-4 00312107915-0



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