

Personal Information

Submitted

Last (family) name - First (given) name

RAMOS MEIRELLES MIKAELA

Sex / Date of Birth

Female / 2000-08-20

Mobile Phone Number

+5511963813672

Other Telephone Number

+5551984288218

Email Address

meirellesmikaela@gmail.com



Date Submitted

2021-12-16

Boarding Country / Place

Spain/ES

Passport

FU086619

Transportation Information: Aircraft Flight Information

Airline Name

RYANAIR

Flight Number

FR6341

Seat Number

19C

Date/Time of Boarding/Embarkation

2021-12-16 06:36 Europe/Madrid (UTC+01:00)

Date/time of Arrival

2021-12-16 08:30 Europe/Rome (UTC+01:00)

Final Destination Airport

Roma Fiumicino/LIRF

Destination Country

Italy/IT

Boarding Airport

Barcelona El Prat/LEBL

Permanent Address

Country

Spain/ES

State / Province

Barcelona/B

City

Barcelona

Street (Name, Number, ZIP)

CARRER PONTEVEDRA 25-27 08003

Apartment Number / Cabin Number

P 3, P 3

Previously Visited Countries

Previously Visited Country 1

Country	State / Province / Region	City
Netherlands/NL	Noord-Holland/NH/AMSTERDAM	Amsterdam

Temporary Address(es) in visiting Country

Temporary Address 1

Country	State / Province	City
Italy/IT	Lazio/62	Rome
Street (Name, Number, ZIP)	Hotel Name / Name of Vessel	Apartment Number / Cabin Number
VIA CAVOUR 221, RIONE MONTE TI 00184	DUCA DI CAVOUR	

Temporary Address 2

Country	State / Province	City
Italy/IT	Veneto/34	Venezia
Street (Name, Number, ZIP)	Hotel Name / Name of Vessel	Apartment Number / Cabin Number
CANNAREGIO 4391/A, CAMPO SANTI APOSTOLI 30121	LOCANDA AI SANTI APOSTOLI	

Emergency Contact Information

Last (family) name	First (given) name	Country / City
DURGANTE RAMOS	MARCEL	Spain/ES / Barcelona
Mobile Phone Number	Other Telephone Number	Email Address
+34697345558		info@marceldurgante.dev

Declaration

Declaration according the art. 50 of DPCM 02/03/21 to enter Italy

EU Digital Passenger Locator Form (dPLF)

Date of Birth

2000-08-20

Place of Birth

Uruguaiana

Country of birth

Brazil/BR

Province

Rio Grande do Sul/RS

Citizenship

Brazilian

I am aware I shall be liable to prosecution if any statement to a public officer is found to be false, pursuant to art. 46 and 47 D.P.R. n 445/2000

I also hereby declare, under my own responsibility, that even as a parent or guardian of the minor/s listed below

NO

Minor(s)

Last Name

First Name

Date of birth

Place of birth

Relationship

[I am aware of the containment measures of COVID-19 in force in Italy and, specifically adopted in accordance with the Decree of the President of the Council of Ministers March 2nd, 2021](#)

I have been / transit in the following countries and territories in the last 14 days:

Spain/ES

I will enter in the following Italian Region

Lazio/62

Travelling from a Country of the List?

[Check in which List is your departure country](#)

List C (EU/EEA)

Please select one of the choices below

I will present a valid certificate of:

- completion of the full vaccination cycle with an EMA-approved vaccine at least from 14 days ago
- recovery from COVID-19, with concomitant cessation of prescribed isolation following SARS-CoV-2 infection
- a performed a rapid antigenic or molecular test with a negative result for SARS-CoV-2 within 48 hours prior to entry into the country