



Argentina – Sworn Statement Affidavit

ARGENTINA – Sworn Statement/Affidavit

Located at: <https://ddjj.migraciones.gob.ar/app/home.php>

Timeline: **within 48 hours prior to departure to Argentina**, not required for guests over 70

Argentina.gob.ar miArgentina

Inicio / Ministerio del Interior / Migraciones / Declaración jurada

Declaración jurada

Compartir en redes sociales    

Idioma Español English

La DDJJ deberá ser completada dentro de las 48hs previas al viaje.
En el caso de las personas menores de edad o de las personas declaradas incapaces por sentencia judicial, la DDJJ deberá ser completada por sus representantes legales.
Las personas mayores de 70 años de edad quedan exceptuadas de la obligatoriedad de completar la DDJJ en forma electrónica.



Select “English”

Argentina.gob.ar miArgentina

Inicio / Ministerio del Interior / Migraciones / Declaración jurada

Affidavit

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Language Español English

The DDJJ must be filled in within 48 hours previous to the trip.
In case of minors and disabled people not able to fill it on their own, the DDJJ must be completed by their legal representative.
People over 70 years old are not obliged to fill in de DDJJ in electronic format.

Scroll down and select “Estados Unidos” for USA

Enter the necessary fields to upload the request

Travel Document Issuing Country (*)

ESTADOS UNIDOS DE AMERICA

Passport or ID (*)

561760883

Gender (*)

MALE

Passport or ID issuance date (*)

07/04/1978

Email

jsmith@gmail.com

Repeat Email

jsmith@gmail.com

Scroll down to read the disclaimer

Awareness and Acceptance Statement Form (You must agree to be able to fill in the DDJJ)

I state under oath to know every current regulation in Argentine as regards migratory matters, when entering and leaving the country, concerning the public health emergency established in accordance with the Pandemic defined by the WORLD HEALTH ORGANIZATION (WHO) referred to COVID-19, at the moment of the departure.

In particular, I declare upon oath to know and accept the sanitary, legal and economic consequences derived from the safety measures and conditions detailed above, which amongst others but, not limited to, are the following: (i) the entrance of international passengers will only be admitted through the established entrance points as safe sanitary corridors and/or through those authorized in the future, for being the arrival points, routes and places which meets the best basic

Scroll to the end of the disclaimer and check the check box, then press the “enter data” button

In the same way, I assume and submit to be controlled by national, provincial, municipal and Buenos Aires City's authorities, in its corresponding jurisdictions and field of application.

I agree with the **“Statement of awareness and acceptance”**

Enter data

Double-check your data when prompted, and press “Yes. I agree.”

Repeat Email

ms DDJJ

The following presentation has the character of an Affidavit
Do you confirm the validity of the data?

Email

jsmith@gmail.com

Travel Document Issuing Country (*)

ESTADOS UNIDOS DE AMERICA

Passport or ID (*)

561760992

YES. I AGREE. NO

Enter data

Affidavit

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Step 1 done - Only need to complete step 2

To do this, we have sent you a confirmation e-mail to your registered mailbox, so that you can continue with step 2 of uploading the Affidavit.
If you do not receive it in the next few minutes, check your Junk / Spam mailbox

OK

Press "OK," then close the browser tab

Check your email inbox for the confirmation, from DDJJ – Migraciones.gov.ar



Open the email

 **Migraciones** PORTAL DE NOTIFICACIONES

DDJJ electrónica para el ingreso / egreso al Territorio Nacional

Nos comunicamos con Usted en relación a la presentación de su DDJJ electrónica.

Datos precargados

Pais emisor del documento: **ESTADOS UNIDOS DE AMERICA**
Documento: **561760883**
Fecha Emisión: **07/04/1978**
Género: **MASCULINO**
Mail: jsmith@gmail.com

Para continuar con el paso 2 de la carga de la Declaración Jurada, ingrese al siguiente link: [Carga de DDJJ](#)

Click on the link, "Carga de DDJJ," and a new browser window will open, with the next part of the form

Affidavit

Share on social networks



(*) Mandatory Information

Language Español English

Step 2 of 2

Affidavit in direction to

Entrance

Entrance Exit

Select "English"

Scroll down to the next section, "Reason of travel"

Reason of travel (*)

Crew member Yes No Resides in Argentina Yes No

Reason of travel (*) Time spent (*)

-- --

Are you excluded from doing the mandatory isolation for being included in any of the exceptions provided in Article 7°, point 1 and beyond, as established in Decree N° 260/20 and subsequent amendments?

Yes No

Select the options below

Reason of travel (*)

Crew member Yes No Resides in Argentina Yes No

Reason of travel (*) Time spent (*)

TOURISM LESS THAN 90 DAYS

Scroll down to next section, "Transport"

Transport

What will be your means of transportation? (*) Air Sea Land

Type of transport (*) Passengers or freight Particular use

Country of origin (*)

Indicate point of Entry (*)

Scheduled date (*)

Airline (*)

Flights (*)

Flight number (*)

Stopover 1

Stopover 2

Row and seat number

How you are going to get from the airport to the place where you will be quarantined? (*)

Estimated number of hours until arrival at your home? (*)

Note, country of origin is "Estados Unidos," and vehicle type is "automovil particular" (private car). Select from the drop-down menu. Enter "1" for Number of hours until arrival at your home.

****Please note that although this form mentions quarantine, quarantine is NOT required for vaccinated persons!**

Transport

What will be your means of transportation? (*) Air Sea Land

Type of transport (*) Passengers or freight Particular use

Country of origin (*) ESTADOS UNIDOS DE AMERICA ▼

Indicate point of Entry (*) AEROPARQUE - JORGE NEWBERY ▼

Scheduled date (*) 07/12/2021

Airline (*) DELTA AIRLINES ▼

Flights (*) DL - 101 ▼

Flight number (*) DL - 101

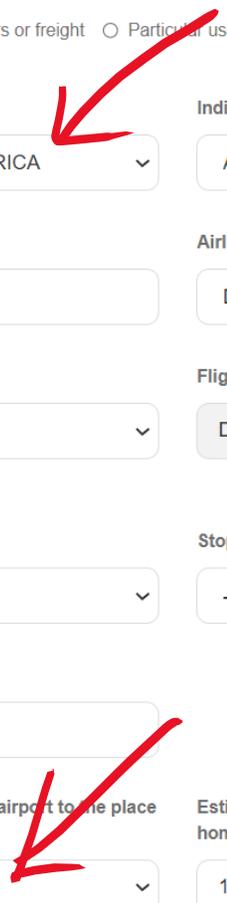
Stopover 1 -- ▼

Stopover 2 -- ▼

Row and seat number

How you are going to get from the airport to the place where you will be quarantined? (*) AUTOMOVIL PARTICULAR ▼

Estimated number of hours until arrival at your home? (*) 1



Scroll down to the next section, "Vaccination scheme data"

Vaccination scheme data

Has the complete vaccination scheme against SARS-CoV2 (COVID-19)?

Sí No

Show proof of vaccination when required by the competent national, provincial or municipal authorities upon arrival in the country, by transport operators at the time of shipment to the country, or by the jurisdiction of the domicile of the entrant when it controls compliance with the provisions of this article or is required by virtue of the regulations in force therein.

Indicate the date of application of each dose

Dose Date 1

22/06/2021

Dose Date 2

08/08/2021

Dose Date 3

dd/mm/aaaa

Indicate which vaccine you received in Dose 1

MODERNA

Indicate which vaccine you received in Dose 2

MODERNA

Indicate which vaccine you received in Dose 3

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Fill out your personal vaccination information and scroll down to the next section, "Address of stay for the next days"

Address of stay for the next days

The terms may be defined by each destination jurisdiction

Province (*)

CIUDAD DE BUENOS AIRES

City (*)

PUERTO MADERO

Street (*)

Macacha Guemes

Number (*)

351

Floor

Department

ZIP code (*)

C1106BKG

Fill out per the above and scroll down to the next section, "Passenger"

Passenger

Travel Document Issuing Country (*)		Passport or ID (*)	
ESTADOS UNIDOS DE AMERICA ▼		561760883	
Gender (*)		Passport or ID issuance date (*)	
MALE ▼		07/04/1978	
Nationality (*)	Document type (*)	Birthdate (*)	
ESTADOUNIDENSE ▼	PASSPORT ▼	07/04/1978	
Last name (*)	Name (*)		
Smith	John		
Email	Mobile phone number (*)		
jsmith@gmail.com	+41 ▼ 786667610		

Fill out your personal information above and scroll to the next section, "Sensitive Health Data"

Sensitive health data

Please indicate if you have any of the following symptoms

<input type="checkbox"/> Fever above 37°	<input type="checkbox"/> Odynophagia
<input type="checkbox"/> Cough	<input type="checkbox"/> Diarrhea and / or vomiting
<input type="checkbox"/> Headache	<input type="checkbox"/> Sudden loss of taste or smell
<input type="checkbox"/> Breathing difficulty	

Have you visited the United Kingdom of Great Britain and Northern Ireland, Europe, United State, Mexico, Colombia, Ecuador, Perú, Chile and Brazil during the last 14 days?

Si No

Marque todos los países visitados:

<input type="checkbox"/> Europa	<input type="checkbox"/> Mexico	<input type="checkbox"/> Chile
<input checked="" type="checkbox"/> Estados Unidos	<input type="checkbox"/> Brasil	<input type="checkbox"/> Peru
<input type="checkbox"/> Reino unido de Gran Bretaña e Irlanda del Norte	<input type="checkbox"/> Colombia	
	<input type="checkbox"/> Ecuador	

Otros:

Have you been in closed contact with a COVID-19 confirmed case with in the last 14 days?

Yes No

Do you present a proof of PCR?

Yes No

The PCR contancia presented is?

PCR Positivo PCR Negativo

You must attach a proof of negative PCR in PDF format with a maximum of 72 hours in advance.

The attachment must not be encrypted and must not have a password.

CLICK HERE TO LOAD PDF FILE

No file chosen

You must attach in PDF format in Spanish, Portuguese or English a Medical Assistance Insurance that includes isolation and hospitalization benefits for COVID-19.

The attachment must not be encrypted and must not have a password.

CLICK HERE TO LOAD PDF FILE

No file chosen

Fill out the form and click "choose file" to upload the two documents (your negative PCR test and your insurance document) from your computer. Then press the "Confirm" button