

AFFIDAVIT

To:

**Ambasciata d'Italia
Ufficio Visti
3000 Whiteheaven St NW
Washington, DC 20008**

Date _____

I, the undersigned, _____
Name and Last name
born in _____ on _____
place date
residing at _____
home address

Depose and say:

We authorize our minor son/daughter _____,
Name and Last name

to travel into Italy and we will take financial responsibility regarding all the expenses, which he/she may incur during his/her stay in Italy.

Name and Last name: _____ *(print father's name)*

Signature: _____

Name and Last name: _____ *(print mother's name)*

Signature: _____

U.S. Notary Public Signature and Seal
Or Seal of the Italian Diplomatic Office

PROVIDE A NOTARIZED PHOTOCOPY OF THE MINOR BIRTH CERTIFICATE