

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 _____
Street address, City and State

Depose and say:

that I will take financial responsibility for my Son /daughter /wife /
husband/parents : _____
Name and Last Name

regarding all the expenses which he/she may incur during his/her
stay in Italy.

Last name, First name: _____ (*print name*)

Signature _____

U.S. Notary Public Signature and Seal: