

FINANCIAL AFFIDAVIT

To:
CONSOLATO GENERALE D'ITALIA
4000 Ponce de Leon Blvd.
Suite 590
Coral Gables, Florida 33146

DATE _____

I, the undersigned,

born in _____ on _____

residing at _____

deposes and says:

that I will take financial responsibility for my

son/daughter/wife/husband/parents : _____

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

Signature _____

Last name, First name: _____ (Print name)

Notary public signature and seal
