

AFFIDAVIT OF SUPPORT

Date _____

I, the undersigned, _____
Name and Last Name

born in _____ on _____
Place Date

residing at _____
Street Address, City and State

I depose and say that

I will take financial responsibility for my son / daughter / wife / husband / parents / self:

Name and Last Name

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

Signature: _____

Print name and last name: _____

U.S notary Public Signature and Seal: