

**TO BE NOTARIZED**

**REFORMAT IF NECESSARY AND PRINT ON LETTERHEAD STATIONARY**

UNITED STATES OF AMERICA  
STATE OF  
COUNTY OF

\_\_\_\_\_ (first and last name), being duly sworn,  
declares and says that he/she is a funeral director duly licensed by the State  
of \_\_\_\_\_ and that he/she operates a funeral home at \_\_\_\_\_  
(insert address) that supervised the preparation of the remains of \_\_\_\_\_ (name  
and lastname of deceased) for shipment to Italy, and that he/she certifies and swears that  
the body was cremated by the \_\_\_\_\_ (name of funeral home) located in  
\_\_\_\_\_ (city, state), on \_\_\_\_\_ (date). The ashes have  
been enclosed in a cinerary urn with the name, date of birth and date of death of the  
deceased, the cinerary urn has been placed in a wooden box, the outside of the box bears a  
plaque with the name of the deceased.

The remains will be consigned to .....(name of receiving Funeral Home in Italy)  
And will be transported .....(by air, land, or sea)  
Departing..... (city, state) at.....(time)  
On or about .....(date)  
Arriving.....(city, province in Italy) at.....(time)  
On or about .....(date)  
Entombment will be in .....(name of Cemetery, city, province in Italy)

Deponent finally states that this shipment has no commercial value and to the best of  
his/her knowledge and belief meets the shipping requirements of transportation of remains  
to Italy.

Date,  
Signed \_\_\_\_\_  
Subscribed to and sworn before me (signature of Notary Public)  
This \_\_\_\_\_  
(Seal of notary public)