



AMBASCIATA D'ITALIA DUBLINO

APPLICATION FORM

FOR THE SEALING OF A COFFIN (OR URN) TRAVELLING TO ITALY

Name of the Funeral Home: _____

Full Address: _____

Telephone: _____

email: _____

Contact person: _____

The undersigned funeral home requests an appointment for the sealing of the:

COFFIN

URN

of the following deceased:

Name: _____

Surname: _____

Date of Birth: _____

Place of Birth: _____

Date of Death: _____

Place of Death: _____

Name of the Municipality (Cemetery) where the coffin/urn will be buried: _____

(only in case of a coffin): Name of the Italian Funeral Home that will collect the coffin at the airport in Italy:

(only in case of an urn): Name of the person who will travel with the urn:

FLIGHT INFORMATION:

Flight number: _____

Airport of Departure: _____

Flight departure date: _____

Departure time: _____

Airport of Arrival: _____

Arrival time: _____