



ITALIAN EMBASSY IN IRELAND

APPLICATION FORM FOR THE REPATRIATION TO ITALY

OF A COFFIN - URN

To be sent by email to : consolare.ambdublino@esteri.it

Name of the Funeral Home: _____

Full Address: _____

Ph nr: _____

Email: _____

Contact person: _____

Urn

Coffin

OF THE FOLLOWING PERSON 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: _____

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

Name of the person that will collect the coffin at the airport in Italy:

FLIGHT INFORMATION:

Flight number: _____

Airport of Departure: _____

Flight departure date: _____

Departure time: _____

Airport of Arrival: _____

Arrival time: _____