



Embassy of Italy
Tbilisi

DECLARATION OF FINANCIAL RESPONSIBILITY FOR MINOR CHILDREN

I/We the undersigned,

FATHER		MOTHER	
Name		Name	
Last Name		Last Name	
Date of Birth (dd/mm/yyyy)		Date of Birth (dd/mm/yyyy)	
Passport number		Passport number	
Relationship to the minor		Relationship to the minor	

parent/s of child listed below, declare to be financially responsible for his/her trip in the Schengen Area

from _____ (dd/mm/yyyy) to _____ (dd/mm/yyyy)

Name of child _____ Last name _____

Date of birth (dd/mm/yyyy) _____ Passport number _____

Attached you will find the required financial information.

The undersigned declares that he/she has read the privacy statement concerning the issuance of visas, in accordance with the General Data Protection Regulation (EU) 2016/679.

FATHER

Signature of father

Print Name

Date _____ (dd/mm/yyyy)

MOTHER

Signature of mother

Print Name

Date _____ (dd/mm/yyyy)

Signatures must be notarized