

FORM C for repatriation of body or ashes

Deceased's **full name** (for women, maiden name also):

Birth: place (town, province, state, country) and date day/month/year:

Death: Place (town, province, state, country) and date day/month/year:

Citizenship(s): _____

Name of parents:

FATHER _____

MOTHER (including maiden name): _____

Name, local address and phone number of the **closest relative/friends** in Nigeria:

Airport of **departure in Nigeria** and airport of **arrival in Italy**:

Flight information: _____

Exact name of the **Cemetery**, the town and the province of burial in Italy:

Name, address and phone number of the **Funeral Home** receiving the remains or name of the **person in charge** in Italy:

Name and surname of the applicant: _____

Relationship with the deceased: _____

Date and signature: _____

(A photocopy of the passport/ID of the applicant has to be enclosed)