DATA SHEET FOR REPATRIATION OF HUMAN/CREMATED REMAINS

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| FIRST NAME (MIDDLE NAME) |  |
| MAIDEN NAME  |  |
| LAST NAME |  |
| PLACE OF BIRTH (CITY/TOWN, STATE/PROVINCE AND COUNTRY) |  |
| DATE OF BIRTH |  |
| DATE OF DEPARTURE |  |
| PORT OF DEPARTURE |  |
| PORT OF ENTRY IN ITALY |  |
| CITY/TOWN OF BURIAL |  |
| AUTHORIZED PERSON(S) |  |
| ADDRESS AND TELEPHONE NUMBER |  |