



**Ambasciata d'Italia  
Abu Dhabi - Emirati Arabi Uniti**

**FORM TO BE FILLED IN BY ADULT THIRD PARTIES UNDERTAKING THE CUSTODY OF MINORS ON THE  
OCCASION OF TRIPS TO THE SCHENGEN AREA**

**I THE UNDERSIGNED**

\_\_\_\_\_ (full name), born on \_\_\_\_\_,  
\_\_\_\_\_ national (nationality), holder of the passport no. \_\_\_\_\_, on duty at  
\_\_\_\_\_ (Employer's name) as \_\_\_\_\_ (profession),

*being fully aware of the criminal penalties imposed for making false declarations, as per art. 76 of the Presidential Decree no. 445 of 28/12/2000,*

**HEREBY ATTESTS**

to undertake the custody of the below-listed minor on the occasion of a trip to \_\_\_\_\_ (Schengen States involved), from \_\_\_\_\_ to \_\_\_\_\_ (dates):

1. \_\_\_\_\_ (full name, date of birth, nationality, passport no.);
2. \_\_\_\_\_ (full name, date of birth, nationality, passport no.);
3. \_\_\_\_\_ (full name, date of birth, nationality, passport no.);
4. \_\_\_\_\_ (full name, date of birth, nationality, passport no.);
5. \_\_\_\_\_ (full name, date of birth, nationality, passport no.);
6. \_\_\_\_\_ (full name, date of birth, nationality, passport no.);

Abu Dhabi, \_\_\_\_\_ (date)

Signature

\_\_\_\_\_