

# MINISTRY OF DEFENCE

OFFICE FOR THE PROTECTION OF THE CULTURE AND THE MEMORY OF THE DEFENCE

HISTORICAL STATISTICAL DIRECTION

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## SELF-CERTIFICATION

(ART. 47 - DPR 28/12/2000, N. 445)

The undersigned: \_\_\_\_\_ date of birth: \_\_\_ / \_\_\_ / \_\_\_  
in: \_\_\_\_\_ country: \_\_\_\_\_ lives in: \_\_\_\_\_  
country: \_\_\_\_\_ street: \_\_\_\_\_ ID: \_\_\_\_\_ n. \_\_\_\_\_  
issued by \_\_\_\_\_ on: \_\_\_ / \_\_\_ / \_\_\_ expiration: \_\_\_ / \_\_\_ / \_\_\_ home ph.: \_\_\_\_\_  
cell.: \_\_\_\_\_ email: \_\_\_\_\_

## REQUEST

Information about the following Fallen/Missing Soldier on the<sup>1</sup>

1° W.W.  2° W.W.  Peacekeeping mission  other: \_\_\_\_\_

surname: \_\_\_\_\_ name: \_\_\_\_\_ military/civil, rank: \_\_\_\_\_  
paternity: \_\_\_\_\_ maternity: \_\_\_\_\_ date of birth: \_\_\_ / \_\_\_ / \_\_\_  
city of birth: \_\_\_\_\_ city: \_\_\_\_\_ country: \_\_\_\_\_ for the following  
reason: \_\_\_\_\_

(aware that the release of false declarations is punished by law (art.76 Presidential Decree n. 445/2000))

## DECLARE

to be the<sup>2</sup> \_\_\_\_\_ of the Fallen/Missing in war and/or Peacekeeping mission;

to be delegated by Mr. / Mrs

surname: \_\_\_\_\_ name: \_\_\_\_\_ relationship: \_\_\_\_\_  
date of birth: \_\_\_ / \_\_\_ / \_\_\_ in \_\_\_\_\_ city: \_\_\_\_\_ country: \_\_\_\_\_  
lives in: \_\_\_\_\_ city: \_\_\_\_\_ country: \_\_\_\_\_ street: \_\_\_\_\_  
ID: \_\_\_\_\_ n. \_\_\_\_\_ issued by: \_\_\_\_\_ on: \_\_\_ / \_\_\_ / \_\_\_  
expiration: \_\_\_ / \_\_\_ / \_\_\_ home ph.: \_\_\_\_\_ cell. ph.: \_\_\_\_\_ e-mail: \_\_\_\_\_

Attached **copy of the valid identity document** (in PDF) of the applicant and the delegating party (if necessary).

Furthermore, I authorize the Administration of Defense, in accordance with EU Regulation n.2016/679, to hold my personal data provided in this application, which will be used only for the purposes of the administrative procedure relating to this request and will not be disclosed to third parties.

Date \_\_\_\_\_ Signature of the applicant/ delegate \_\_\_\_\_  
(in full and legible)

Signature of the delegator \_\_\_\_\_  
(in full and legible)

### PLEASE NOTE:

**IF THE DECLARATION SHOULD NOT BE COMPLETED AND SIGNED IN ITS ENTIRE PART, WITH THE REQUIRED ACKNOWLEDGMENT DOCUMENT ATTACHED, EVEN FOR ANY DELEGATE, THE REQUEST CANNOT BE TAKEN INTO CONSIDERATION AND WILL BE AUTOMATICALLY ARCHIVED.**

<sup>1</sup> Check the box if aware

<sup>2</sup> Indicate the degree of relationship