

**APPLICATION FOR RECOGNITION OF ITALIAN  
CITIZENSHIP THROUGH MARRIAGE**

THE UNDERSIGNED \_\_\_\_\_  
*first*                      *middle*                      *last (maiden)*

place of birth (*city and state/province*) \_\_\_\_\_

date of birth (*dd/mm/yy*) \_\_\_\_\_

address: \_\_\_\_\_

phone \_\_\_\_\_ cell \_\_\_\_\_

e-mail \_\_\_\_\_

spouse (*first, middle, last name*) \_\_\_\_\_

born in \_\_\_\_\_ on \_\_\_\_\_

place and date of marriage \_\_\_\_\_

REQUESTS to be recognized Italian citizen through marriage and to this purpose DECLARES:

- that she has never renounced the Italian citizenship before any Italian authority,
- that starting from the age of eighteen (18) has resided in:

	City, State	Approx time period (years)
1		
2		
3		
4		
5		

The undersigned declares that she has read the privacy statement concerning citizenship requests, in accordance with the general data protection regulation (eu) 2016/679.

date \_\_\_\_\_ signature \_\_\_\_\_ (\*)

(\*) If the application is not signed in front of a Consular officer, it must be signed in front of a Notary Public and the Apostille must be provided.