

APPLICATION FOR ITALIAN CITIZENSHIP JURE SANGUINIS

THE UNDERSIGNED (last/first/middle name) \_\_\_\_\_  
 City of Birth: \_\_\_\_\_ Date of Birth (DD/MM/YYYY) \_\_\_\_\_  
 State/Province of birth: \_\_\_\_\_  
 Current address: \_\_\_\_\_  
 Telephone. Home: \_\_\_\_\_ Business: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Married?  YES  NO Divorced?  YES  NO  
 City and Date of Marriage \_\_\_\_\_  
 Spouse's Full Name, city & date of birth (please use maiden name): \_\_\_\_\_  
 Date and place of US NATURALIZATION if Applicable: \_\_\_\_\_

EMAIL ADDRESS : \_\_\_\_\_  
 CHILDREN UNDER 18 YEARS OLD

Name	City of Birth	Date of Birth (DD/MM/YYYY)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

REQUESTS THAT HIS/HER RIGHT TO ITALIAN CITIZENSHIP BE RECOGNIZED AND, THEREFORE, DECLARES TO BE A DESCENDANT OF:

<u>GREAT GRANDFATHER</u>	<u>GREAT GRANDMOTHER</u>
Last Name: _____	Maiden Name: _____
First Name/s: _____	First Name/s: _____
City of Birth: _____	City of Birth: _____
Date of Birth (DD/MM/YYYY): _____	Date of Birth (DD/MM/YYYY): _____
Date and City of Marriage: _____	Date and City of Marriage: _____
Date and city of death: _____	Date and city of death: _____
<u>NATURALIZATION</u>	
Certificate No.: _____	_____
City: _____	_____
Date of Naturalization (DD/MM/YYYY): _____	_____

<u>GRANDFATHER</u>	<u>GRANDMOTHER</u>
Last Name: _____	Maiden Name: _____
First Name/s: _____	First Name/s: _____
City of Birth: _____	City of Birth: _____
Date of Birth (DD/MM/YYYY): _____	Date of Birth (DD/MM/YYYY): _____
Date and City of Marriage: _____	Date and City of Marriage: _____
Date and city of death: _____	Date and city of death: _____
<u>NATURALIZATION</u>	
Certificate No.: _____	_____
City: _____	_____
Date of Naturalization (DD/MM/YYYY): _____	_____

<u>FATHER</u>	<u>MOTHER</u>
Last Name: _____	Maiden Name: _____
First Name/s: _____	First Name/s: _____
City of Birth: _____	City of Birth: _____
Date of Birth (DD/MM/YYYY): _____	Date of Birth (DD/MM/YYYY): _____
Date and City of Marriage: _____	Date and City of Marriage: _____
Date and city of death: _____	Date and city of death: _____
<u>NATURALIZATION</u>	
Certificate No.: _____	_____
City: _____	_____
Date of Naturalization (DD/MM/YYYY): _____	_____

Attached (please mark):  FORM I DECLARATION THAT I NEVER RENOUNCED ITALIAN CITIZENSHIP, LISTING ALL MY PLACES OF RESIDENCE  FORM 3 OR 4 DECLARATION THAT MY  FATHER  MOTHER  GRANDFATHER  GRANDMOTHER (PLEASE MARK APPROPRIATE BOXES) NEVER RENOUNCED ITALIAN CITIZENSHIP, LISTING ALL PLACES OF RESIDENCE  
 The undersigned declares that he/she has read the privacy statement concerning citizenship requests, in accordance with the Data Protection Regulation (EU) 2016/679.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_ must be notarized

DECLARATION OF APPLICANT

THE UNDERSIGNED (Last/First/ Middle Name) \_\_\_\_\_

BORN IN (City and State/Province): \_\_\_\_\_

DATE OF BIRTH (DD/MM/YYYY): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

IN REFERENCE TO HIS/HER REQUEST FOR RECOGNITION OF ITALIAN CITIZENSHIP *JURE SANGUINIS*,

**DECLARES**

THAT HE/SHE HAS NEVER RENOUNCED ITALIAN CITIZENSHIP BEFORE ANY ITALIAN AUTHORITY, THAT HE/SHE, STARTING FROM THE AGE OF EIGHTEEN (18), HAS RESIDED IN:

CITY, STATE/PROVINCE	APPROXIMATE TIME PERIOD (YEARS)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

The undersigned declares that he/she has read the privacy statement concerning citizenship requests, in accordance with the General Data Protection Regulation (EU) 2016/679.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Signature must be notarized.

DECLARATION OF LIVING ITALIAN ASCENDENT

THE UNDERSIGNED (Last/First/ Middle Name) \_\_\_\_\_

BORN IN (City and State/Province): \_\_\_\_\_

DATE OF BIRTH (DD/MM/YYYY): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

(PLEASE CHECK THE APPROPRIATE BOX)  FATHER  MOTHER  GRANDFATHER  GRANDMOTHER  
 GREAT GRANDFATHER  GREAT GRANDMOTHER OF THE APPLICANT

IN REFERENCE TO THE APPLICANT'S REQUEST FOR RECOGNITION OF ITALIAN CITIZENSHIP *JURE SANGUINIS*,

**DECLARES**

THAT HE/SHE HAS NEVER RENOUNCED ITALIAN CITIZENSHIP BEFORE ANY ITALIAN AUTHORITY, THAT HE/SHE, STARTING FROM THE AGE OF EIGHTEEN (18), HAS RESIDED IN:

CITY, STATE/PROVINCE	APPROXIMATE TIME PERIOD (YEARS)
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

The undersigned declares that he/she has read the privacy statement concerning citizenship requests, in accordance with the General Data Protection Regulation (EU) 2016/679.

DATE (DD/MM/YYYY): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

(SIGNATURE MUST BE NOTARIZED.)

DECLARATION OF DECEASED ASCENDANT

If your Italian ancestor is deceased, please fill out the following declaration. If alive, please have him/her fill out FORM 3.

THE UNDERSIGNED (APPLICANT's last/first/middle name) \_\_\_\_\_
BORN IN (city and state/province) \_\_\_\_\_ ON (date of birth) \_\_\_\_\_

IN REFERENCE TO HIS/HER REQUEST FOR RECOGNITION OF ITALIAN CITIZENSHIP JURE SANGUINIS,

DECLARES THAT

(name of DECEASED ancestor) \_\_\_\_\_

BORN IN (city and state/province) \_\_\_\_\_ ON (date of birth) \_\_\_\_\_

DECEASED IN (city and state/province) \_\_\_\_\_ ON (date of death) \_\_\_\_\_

AND RELATED TO THE APPLICANT AS (check one) [ ] FATHER [ ] MOTHER
[ ] GRANDFATHER [ ] GRANDMOTHER

NEVER RENOUNCED ITALIAN CITIZENSHIP BEFORE ANY ITALIAN AUTHORITY.

AND THAT, STARTING FROM THE AGE OF EIGHTEEN (18), RESIDED IN:

Table with 2 columns: CITY, STATE/PROVINCE and APPROXIMATE TIME PERIOD (YEARS). Rows 1-10.

The undersigned declares that he/she has read the privacy statement concerning citizenship requests, in accordance with the Data Protection Regulation (EU) 2016/679.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Signature must be notarized