

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) _____

e-mail _____

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. _____	_____

DATE (DD/MM/YYYY): _____ SIGNATURE: _____

(THIS APPLICATION MUST BE SIGNED BEFORE A CONSULAR OFFICER)