

DECLARATION OF DECEASED ITALIAN ASCENDANT

(If your Italian ancestor was born in Italy, but is deceased, please fill out the following declaration. If alive please have him/her fill FORM3)

THE UNDERSIGNED (Last/First/ Middle Name) _____
BORN IN (City and State/Province): _____
DATE OF BIRTH (DD/MM/YYYY): _____

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

DECLARES THAT

(Name of ancestor)
BORN IN (City and State/Province): _____
DATE OF BIRTH (DD/MM/YYYY): _____

AND RELATED TO THE APPLICANTAS (PLEASE CHECK THE APPROPRIATE BOX) FATHER MOTHER
 GRANDFATHER GRANDMOTHER GREAT GRANDFATHER GREAT GRANDMOTHER

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

(PLEASE FILL OUT ONE FORM 4 FOR EACH DECEASED ASCENDANT)