

**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 _____

place and date of birth _____

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.