

Consolato Generale d'Italia Miami

4000 Ponce De Leon Blvd., Suite 590

Coral Gables, Florida, 33146

APPLICATION FORM AFFIDAVIT FOR U.S. CITIZENS MARRYING IN ITALY MODULO RICHIESTA ATTO NOTORIO

Please send the completed **Application Form** to notarile.miami@esteri.it as soon as possible and **no later than three days before your appointment**.

For any questions or to reschedule your appointment, please contact us directly at the email address above.

Si prega di inviare il **Modulo di richiesta compilato** all'indirizzo notarile.miami@esteri.it il prima possibile e, comunque, **non oltre tre giorni prima dell'appuntamento**.

Per eventuali domande o per riprogrammare l'appuntamento, si prega di contattarci direttamente all'indirizzo e-mail sopra indicato.

WEDDING INFORMATION

Wedding Date: _____

Town/City of Marriage: _____

Country: _____

GROOM

- **Full Name (First, Middle, LAST):**
- **Date of Birth (DD/MM/YYYY):**
- **Place of Birth (City, State/Province, Country):**
- **Country/Countries of Citizenship:**
- **Residential Address:**

BRIDE

- **Full Name (First, Middle, LAST):**
- **Date of Birth (DD/MM/YYYY):**
- **Place of Birth (City, State/Province, Country):**
- **Country/Countries of Citizenship:**
- **Residential Address:**

WITNESS 1

- **Full Name (First, Middle, LAST):**
- **Date of Birth (DD/MM/YYYY):**
- **Place of Birth (City, State/Province, Country):**
- **Country/Countries of Citizenship:**
- **Residential Address:**

WITNESS 2

- **Full Name (First, Middle, LAST):**
- **Date of Birth (DD/MM/YYYY):**
- **Place of Birth (City, State/Province, Country):**
- **Country/Countries of Citizenship:**
- **Residential Address:**

INTERPRETER

- **Full Name (First, Middle, LAST):**
- **Date of Birth (DD/MM/YYYY):**
- **Place of Birth (City, State/Province, Country):**
- **Country/Countries of Citizenship:**
- **Residential Address:**