

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 (please use maiden name): _____

Spouse's City of Birth and Date of Birth: _____

CHILDREN UNDER 18 YEARS OLD

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

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

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

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

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

Attached (please mark):

FORM 2; DECLARATION THAT I NEVER RENOUNCED ITALIAN CITIZENSHIP, LISTING ALL MY PLACES OF RESIDENCE;
 FORM 3 AND/OR 4; DECLARATION THAT MY FATHER MOTHER GRANDFATHER GRANDMOTHER (PLEASE MARK APPROPRIATE BOXES) NEVER RENOUNCED ITALIAN CITIZENSHIP, LISTING ALL PLACES OF RESIDENCE.

DATE _____ / _____ / _____ SIGNATURE _____

must be notarized

DECLARATION OF APPLICANT

THE UNDERSIGNED (last/first/middle name) _____,

BORN IN (city and state/province) _____ **ON (date of birth)** _____,

AND CURRENTLY LIVING AT (current address) _____

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 ____ / ____ / ____

SIGNATURE _____

Signature must be notarized. Otherwise, this declaration must be signed before a consular officer.

DECLARATION OF LIVING ITALIAN ASCENDANT BORN OUTSIDE OF ITALY

THE UNDERSIGNED (last/first/middle name) _____,

BORN IN (city and state/province) _____ ON (date of birth) _____,

AND CURRENTLY LIVING AT (current address) _____

(home telephone number) _____

(check one) FATHER MOTHER GRANDFATHER GRANDMOTHER OF THE APPLICANT

(applicant's last/first/middle name) _____,

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

AND BEING AWARE THAT THE UNDERSIGNED WILL ALSO OBTAIN HIS/HER OWN RECOGNITION OF ITALIAN CITIZENSHIP,

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 _____ / _____ / _____

SIGNATURE _____

DECLARATION OF DECEASED ASCENDANT

If your Italian ancestor was born outside of Italy, but is deceased, please fill out the following declaration. If alive, please have him/her fill out FORM 3.

THE UNDERSIGNED (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 ancestor) _____

BORN IN (city and state/province) _____ **ON** (date of birth) _____,

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:

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

DATE ____ / ____ / ____

SIGNATURE _____

Signature must be notarized. Otherwise, this declaration must be signed before a consular officer.