

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, city & date of birth (please use maiden name): _____
EMAIL ADDRESS :

CHILDREN UNDER 18 YEARS OLD

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

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

GREAT GRANDFATHER GREAT GRANDMOTHER
Last Name: Maiden Name:
First Name/s: First Name/s:
City of Birth: City of Birth:
Date of Birth (DD/MM/YYYY): Date of Birth (DD/MM/YYYY):
Date and City of Marriage: Date and city of death:
Date and city of death:
Certificate No.:
City:
Date of Naturalization (DD/MM/YYYY):

GRANDFATHER GRANDMOTHER
Last Name: Maiden Name:
First Name/s: First Name/s:
City of Birth: City of Birth:
Date of Birth (DD/MM/YYYY): Date of Birth (DD/MM/YYYY):
Date and City of Marriage: Date and city of death:
Date and city of death:
Certificate No.:
City:
Date of Naturalization (DD/MM/YYYY):

FATHER MOTHER
Last Name: Maiden Name:
First Name/s: First Name/s:
City of Birth: City of Birth:
Date of Birth (DD/MM/YYYY): Date of Birth (DD/MM/YYYY):
Date and City of Marriage: Date and city of death:
Date and city of death:
Certificate No.:
City:
Date of Naturalization (DD/MM/YYYY):

Attached (please mark) FORM 1 DECLARATION THAT I NEVER RENOUNCED ITALIAN CITIZENSHIP, LISTING ALL MY PLACES OF RESIDENCE FORM 3 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