

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 and date of birth \_\_\_\_\_

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:

<b>GREAT GRANDFATHER</b>	<b>GREAT GRANDMOTHER</b>
Last Name: _____	Last 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 Marriage: _____
<b>NATURALIZATION</b>	<b>NATURALIZATION</b>
Certificate No.: _____	Certificate No.: _____
City: _____	City: _____
Date of Naturalization (DD/MM/YYYY): _____	Date of Naturalization (DD/MM/YYYY): _____
<b>GRANDFATHER</b>	<b>GRANDMOTHER</b>
Last Name: _____	Last 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 Marriage: _____
<b>NATURALIZATION</b>	<b>NATURALIZATION</b>
Certificate No.: _____	Certificate No.: _____
City: _____	City: _____
Date of Naturalization (DD/MM/YYYY): _____	Date of Naturalization (DD/MM/YYYY): _____
<b>FATHER</b>	<b>MOTHER</b>
Last Name: _____	Last 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 Marriage: _____
<b>NATURALIZATION</b>	<b>NATURALIZATION</b>
Certificate No.: _____	Certificate No.: _____
City: _____	City: _____
Date of Naturalization (DD/MM/YYYY): _____	Date of Naturalization (DD/MM/YYYY): _____

Attached (please mark appropriate box ):

- FORM2 (Declaration that I never renounced Italian citizenship, listing all my places of residence);
- FORM 3 and/or FORM4 (Declaration that my FATHER MOTHER GRANDFATHER GRANDMOTHER
- GREAT GRANDFATHER GREAT GRANDMOTHER never renounced Italian citizenship, listing all places of residence)

DATE (DD/MM/YYYY): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

(MUST BE NOTARIZED)

DECLARATION OF APPLICANT

THE UNDERSIGNED (Last/First/ Middle Name) \_\_\_\_\_

BORN IN (City and State/Province): \_\_\_\_\_

DATE OF BIRTH (DD/MM/YYYY): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

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 (DD/MM/YYYY): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

(SIGNATURE MUST BE NOTARIZED. OTHERWISE THIS DECLARATION MUST BE SIGNED BEFORE A CONSULAR OFFICER)

DECLARATION OF LIVING ITALIAN ASCENDANT

THE UNDERSIGNED (Last/First/ Middle Name) \_\_\_\_\_

BORN IN (City and State/Province): \_\_\_\_\_

DATE OF BIRTH (DD/MM/YYYY): \_\_\_\_\_

CURRENT ADDRESS: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

(PLEASE CHECK THE APPROPRIATE BOX)  FATHER  MOTHER  GRANDFATHER  GRANDMOTHER  GREAT GRANDFATHER  GREAT 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 (DD/MM/YYYY): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

(SIGNATURE MUST BE NOTARIZED. OTHERWISE THIS DECLARATION MUST BE SIGNED BEFORE A CONSULAR OFFICER)

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: \_\_\_\_\_

(SIGNATURE MUST BE NOTARIZED. OTHERWISE THIS DECLARATION MUST BE SIGNED BEFORE A CONSULAR OFFICER)