

APPLICATION FOR ITALIAN CITIZENSHIP IURE SANGUINIS

(Please fill out in every part and bring to appointment)

THE UNDERSIGNED Last/First/Middle name _____
 City, State and Country of birth: _____ Date of birth (DD/MM/YYYY) _____
 Current residential address: _____
 Telephone (Home) _____ (Business) _____ (Cell) _____
 E-mail: _____
 Married (YES/NO): _____ Divorced (YES/NO) _____
 City and Date of Marriage _____
 Spouse's Full Name (use maiden name for women) _____
 Spouse's City, Province and Date of Birth _____

CHILDREN UNDER 18 YEARS OF AGE

Full 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:

(Please fill in the full name of all ancestors in the direct bloodline and of their spouses, and their corresponding relation to you. Use the check-list to make sure you collect all necessary supporting documents. **Please note that documents for ANCESTRAL BLOODLINE are MANDATORY**; spouses' documents may be requested for clarification purposes).

DIRECT BLOODLINE ANCESTOR

SPOUSE

<p>Generation "0" (he/she who was born in and emigrated from Italy) Relation to you: _____ Birth certificate's last name: _____ Birth certificate's first name: _____ City of Birth: _____ Date of Birth (DD/MM/YYYY): _____ Date and City of Marriage: _____ NATURALIZATION Certificate no: _____ City: _____ Date of Naturalization: _____ Supporting Documents in Original: <input type="checkbox"/> BIRTH <input type="checkbox"/> MARRIAGE <input type="checkbox"/> NATURALIZATION (or No-Record Found) DOCUMENTATION <input type="checkbox"/> COURT DECREES as applicable <input type="checkbox"/> Other _____</p>	<p>Relation to you: _____ Birth certificate's last name: _____ Birth certificate's first name: _____ City of Birth: _____ Date of Birth (DD/MM/YYYY): _____ *Note: Spouse's documents are not mandatory by applicable Italian Law, but you can submit them in simple copy (or the Consular Officer may request them) if they help address any discrepancies in the ancestor's bloodline documents. <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> MARRIAGE CERTIFICATE <input type="checkbox"/> COURT DECREES as applicable <input type="checkbox"/> Other _____</p>
<p>Generation "1" Relation to you: _____ Birth certificate's last name: _____ Birth certificate's first name: _____ City of Birth: _____ Date of Birth (DD/MM/YYYY): _____ Date and City of Marriage: _____ Supporting Documents in Original: <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> MARRIAGE CERTIFICATE <input type="checkbox"/> COURT DECREES as applicable <input type="checkbox"/> Other _____</p>	<p>Generation "1" Spouse Relation to you: _____ Birth certificate's last name: _____ Birth certificate's first name: _____ City of Birth: _____ Date of Birth (DD/MM/YYYY): _____ *See Note above <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> MARRIAGE CERTIFICATE <input type="checkbox"/> COURT DECREES as applicable <input type="checkbox"/> Other _____</p>

<p>Generation "2"</p> <p>Relation to you: _____</p> <p>Birth certificate's last name: _____</p> <p>Birth certificate's first name: _____</p> <p>City of Birth: _____</p> <p>Date of Birth (DD/MM/YYYY): _____</p> <p>Date and City of Marriage: _____</p> <p>Supporting Documents in Original:</p> <p><input type="checkbox"/> BIRTH CERTIFICATE</p> <p><input type="checkbox"/> MARRIAGE CERTIFICATE</p> <p><input type="checkbox"/> COURT DECREES as applicable</p> <p><input type="checkbox"/> Other _____</p>	<p>Generation "2" Spouse</p> <p>Relation to you: _____</p> <p>Birth certificate's last name: _____</p> <p>Birth certificate's first name: _____</p> <p>City of Birth: _____</p> <p>Date of Birth (DD/MM/YYYY): _____</p> <p>*See Note above</p> <p><input type="checkbox"/> BIRTH CERTIFICATE</p> <p><input type="checkbox"/> MARRIAGE CERTIFICATE</p> <p><input type="checkbox"/> COURT DECREES as applicable</p> <p><input type="checkbox"/> Other _____</p>
<p>Generation "3"</p> <p>Relation to you: _____</p> <p>Birth certificate's last name: _____</p> <p>Birth certificate's first name: _____</p> <p>City of Birth: _____</p> <p>Date of Birth (DD/MM/YYYY): _____</p> <p>Date and City of Marriage: _____</p> <p>Supporting Documents in Original:</p> <p><input type="checkbox"/> BIRTH CERTIFICATE</p> <p><input type="checkbox"/> MARRIAGE CERTIFICATE</p> <p><input type="checkbox"/> COURT DECREES as applicable</p> <p><input type="checkbox"/> Other _____</p>	<p>Generation "3" Spouse</p> <p>Relation to you: _____</p> <p>Birth certificate's last name: _____</p> <p>Birth certificate's first name: _____</p> <p>City of Birth: _____</p> <p>Date of Birth (DD/MM/YYYY): _____</p> <p>*See Note above</p> <p><input type="checkbox"/> BIRTH CERTIFICATE</p> <p><input type="checkbox"/> MARRIAGE CERTIFICATE</p> <p><input type="checkbox"/> COURT DECREES as applicable</p> <p><input type="checkbox"/> Other _____</p>

Notes:

- All **Italian** issued vital records must be in original.
- All **foreign** (non-Italian) issued vital records must be in long form, in original, with Apostille, and exact Italian translation.
- Naturalization records issued by USCIS require apostille and translation.
- Italian translations must mirror the format of the original document (i.e.: if original is in table format, the same table must be reproduced on the translation), and must include all headers, footers and side notes.
- Italian translations of U.S.-issued vital records **must be certified by this Consular Chancery/other Italian Consulate in the U.S. prior to** submitting your application. Translations of foreign-issued vital records must be legalized in the Country where they were issued, by and/or in accordance with the requirements of the local Italian Embassy/Consulate.
- Make sure the vital records have consistent names and dates. Any discrepancies (spelling, aliases, clerical errors, wrong dates etc) must be rectified before submitting the application.
- Italian Law acknowledges as valid a person's name as written in his/her birth certificate only. Any name changes must be supported by a court decree or they will not be acknowledged.
- Attachments must be prepared in the order indicated below

Attachments:

- FORM 2, applicant (filled out in every part, to be signed by the applicant on the day of the interview)
- FORM 3, living Italian ascendant (filled out in every part, signed by the living ascendant, notarized)
- FORM 4, deceased Italian ascendant (filled out in every part, to be signed by the applicant on the day of the interview)
- PASSPORT COPY
- DRIVER'S LICENSE COPY WITH CURRENT RESIDENTIAL ADDRESS (serving as proof of residence; in alternative, please submit the copy of a current utility bill in your name)
- Italian ancestor generation "0" supporting documents
- Documents of all other Italian ancestor generations 1, 2, 3 etc (as applicable), in chronological order, for each ancestor
- Documents of the Applicant (birth, marriage(s), divorce(s) as applicable, minor children's birth certificates if applicable)

Il sottoscritto dichiara di aver preso visione dell'informativa sulla protezione dei dati personali riguardante i servizi di cittadinanza, ai sensi del Regolamento Generale sulla Protezione dei Dati (UE) 2016/679 – I, the undersigned, hereby declare that I read and understood the information about the protection of PII (personal identifiable information) with reference to citizenship services, in accordance with the General Rules on Data Protection (EU) 2016/679.

Dichiara, sotto la propria responsabilità, che quanto sopra scritto risponde a verità e di essere a conoscenza delle conseguenze penali previste nel caso di mendaci e false dichiarazioni (art. 76 del D.P.R. 28 dicembre 2000, n. 445) - I Declare, under penalty of perjury, that the above stated facts are true and that I am aware of the criminal penalties against those who make misleading or false statements (art 76 of Presidential Decree 445/2000).

Date: _____

Signature: _____

Print Name: _____

For Office Use Only:

Date Filed:

Notes:

DECLARATION OF APPLICANT

I, 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*,

DECLARE

THAT I HAVE NEVER RENOUNCED ITALIAN CITIZENSHIP BEFORE ANY ITALIAN AUTHORITY, THAT STARTING FROM THE AGE OF EIGHTEEN (18), I HAVE RESIDED IN:

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

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Dichiara, sotto la propria responsabilità, che quanto sopra scritto risponde a verità e di essere a conoscenza delle conseguenze penali previste nel caso di mendaci e false dichiarazioni (art. 76 del D.P.R. 28 dicembre 2000, n. 445) - I Declare, under penalty of perjury, that the above stated facts are true and that I am aware of the criminal penalties against those who make misleading or false statements (art 76 of Presidential Decree 445/2000).

DATE (DD/MM/YYYY):

SIGNATURE:

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

DECLARATION OF LIVING ITALIAN ASCENDANT
(one for each living ascendant)

Form 3

I, 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

DECLARE

THAT I NEVER RENOUNCED ITALIAN CITIZENSHIP BEFORE ANY ITALIAN AUTHORITY, THAT STARTING FROM THE AGE OF EIGHTEEN (18), I HAVE RESIDED IN:

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

Il sottoscritto dichiara di aver preso visione dell'informativa sulla protezione dei dati personali riguardante i servizi di cittadinanza, ai sensi del Regolamento Generale sulla Protezione dei Dati (UE) 2016/679 – I, the undersigned, hereby declare that I read and understood the information about the protection of PII (personal identifiable information) with reference to citizenship services, in accordance with the General Rules on Data Protection (EU) 2016/679.

Dichiara, sotto la propria responsabilità, che quanto sopra scritto risponde a verità e di essere a conoscenza delle conseguenze penali previste nel caso di mendaci e false dichiarazioni (art. 76 del D.P.R. 28 dicembre 2000, n. 445) - I Declare, under penalty of perjury, that the above stated facts are true and that I am aware of the criminal penalties against those who make misleading or false statements (art 76 of Presidential Decree 445/2000).

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 any of your Italian ancestor(s) is(are) deceased, please fill out the following declaration for each of them)

I, 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 THE APPLICANT'S REQUEST FOR RECOGNITION OF ITALIAN CITIZENSHIP JURE SANGUINIS
DECLARE THAT

(Name of deceased ancestor):
BORN IN (City and State/Province):
DATE OF BIRTH (DD/MM/YYYY):

AND RELATED TO THE APPLICANT AS (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. _____	_____

Il sottoscritto dichiara di aver preso visione dell'informativa sulla protezione dei dati personali riguardante i servizi di cittadinanza, ai sensi del Regolamento Generale sulla Protezione dei Dati (UE) 2016/679 – I, the undersigned, hereby declare that I read and understood the information about the protection of PII (personal identifiable information) with reference to citizenship services, in accordance with the General Rules on Data Protection (EU) 2016/679.

Dichiara, sotto la propria responsabilità, che quanto sopra scritto risponde a verità e di essere a conoscenza delle conseguenze penali previste nel caso di mendaci e false dichiarazioni (art. 76 del D.P.R. 28 dicembre 2000, n. 445) - I Declare, under penalty of perjury, that the above stated facts are true and that I am aware of the criminal penalties against those who make misleading or false statements (art 76 of Presidential Decree 445/2000).

DATE (DD/MM/YYYY):

SIGNATURE: