

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

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

<p><u>FATHER</u> Last Name: _____ First Name/s: _____ City of Birth: _____ Date of Birth (DD/MM/YYYY): _____ Date and City of Marriage: _____</p>	<p><u>MOTHER</u> Maiden Name: _____ First Name/s: _____ City of Birth: _____ 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:

Table with 2 columns: CITY, STATE/PROVINCE and APPROXIMATE TIME PERIOD (YEARS). Rows 1-10.

DATE / / SIGNATURE _____

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