

APPLICATION FOR ITALIAN CITIZENSHIP JURE SANGUINIS

Form 1

Il/La sottoscritto/a _____

The undersigned _____ **(Last/First/Middle Name)**

Nato/a il _____ a _____

Born on (dd/mm/yyyy) _____ **Birth Place (City or town, State)**

residente in _____

Residential address

Città _____ Zip _____ e-mail: _____

City _____ **Zip code**

Telephone: Home: _____ **Business:** _____ **Cell.:** _____

FIGLI MINORENNI – CHILDREN UNDER 18 YEARS OLD

Name _____ City of Birth _____ Date of Birth _____

1) _____

2) _____

3) _____

CHIEDE il riconoscimento della cittadinanza italiana quale straniero di ceppo italiano:
REQUESTS TO BE RECOGNIZED AS ITALIAN CITIZEN AND, THEREFORE, DECLARES TO BE A DESCENDANT OF:

GREAT GRAND FATHER

Last Name: _____

First Name/s: _____

City of Birth: _____

Date of Birth (DD/MM/YYYY): _____

Date and City of Marriage: _____

GREAT GRANDMOTHER

Maiden Name: _____

First Name/s: _____

City of Birth: _____

Date of Birth (DD/MM/YYYY): _____

NATURALIZATION

Certificate No: _____

City: _____

Date (DD/MM/YYYY): _____

GRAND FATHER

Last Name: _____

First Name/s: _____

City of Birth: _____

Date of Birth (DD/MM/YYYY): _____

Date and City of Marriage: _____

GRANDMOTHER

Maiden Name: _____

First Name/s: _____

City of Birth: _____

Date of Birth (DD/MM/YYYY): _____

NATURALIZATION

Certificate No: _____

City: _____

Date (DD/MM/YYYY): _____

FATHER

Last Name: _____

First Name/s: _____

City of Birth: _____

Date of Birth (DD/MM/YYYY): _____

Date and City of Marriage: _____

MOTHER

Maiden Name: _____

First Name/s: _____

City of Birth: _____

Date of Birth (DD/MM/YYYY): _____

NATURALIZATION

Certificate No: _____

City: _____

Date (DD/MM/YYYY): _____

Attached (please mark appropriate box):

FORM 2 (Declaration that I never renounced Italian citizenship, listing all my places of residence);

FORM 3 and/or **FORM 4** (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: _____

To be signed before a Consular Officer

DECLARATION OF APPLICANT

The undersigned _____

born in (city of birth/State)

_____ on _____

address _____

DECLARES

Under his/her responsibility and conscious of legal consequences in case of false statement that he/she **HAS NEVER RENOUNCED ITALIAN CITIZENSHIP** before any Italian Authority.

Declares that, starting from the age of 18, has resided in:

(list Cities/States and, approximately, the period):

1. _____

2. _____

3. _____

4. _____

5. _____

etc....

Date _____

Signature _____

Please note: must be signed before a Consular Officer.

Please enclose photocopy of a valid document of identification: YOUR U.S. PASSPORT, DRIVER'S LICENSE and a bill or bank statement.

If you are not U.S citizen: a proof of your permanent address, copy of the driver's license and any bill or bank statement);

DECLARATION OF LIVING ITALIAN ASCENDANT

The undersigned _____

born in (city of birth/State) _____ on _____

address: _____

Tel. : _____

(check the one that applies): 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*"

DECLARES

that he/she **HAS NEVER RENOUNCED ITALIAN CITIZENSHIP** before any Italian Authority and that he/she, starting from the age of 18, has resided in:

(list Cities/States and approximate years and use a second sheet of paper if needed):

1. _____

2. _____

3. _____

4. _____

5. _____

etc.....

Date _____

Signature

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

Please enclose photocopy of a valid document of identification: YOUR U.S. PASSPORT, DRIVER'S LICENSE and a bill or bank statement.

If you are not U.S citizen: a proof of your permanent address, copy of the driver's license and any bill or bank statement);

DECLARATION CONCERNING THE ITALIAN DECEASED ASCENDANT

The undersigned _____

born in (city of birth/State) _____ on _____

address: _____

Tel. : _____

(check the one that applies): SON – DAUGHTER – GRANDSON – GRANDDAUGHTER

of ascendant (s) name(s)

in reference his/her application for citizenship jure sanguinis

DECLARES

that to the best of his/her knowledge his/her ascendant(s) **HAS (HAVE) NEVER RENOUNCED ITALIAN CITIZENSHIP** before any Italian Authority and that, starting from the age of 18, the ascendant(s) resided in:

(list Cities/States and approximate years and use a second sheet of paper if needed):

1. _____

2. _____

3. _____

4. _____

5. _____

etc.....

Date _____

Signature

Please note: must be signed before a Consular Officer.

Please enclose photocopy of a valid document of identification: YOUR U.S. PASSPORT, DRIVER'S LICENSE and a bill or bank statement.

If you are not U.S citizen: a proof of your permanent address, copy of the driver's license and any bill or bank statement);
