

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:

GREAT GRANDFATHER	GREAT GRANDMOTHER
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: _____
NATURALIZATION	NATURALIZATION
Certificate No.: _____	Certificate No.: _____
City: _____	City: _____
Date of Naturalization (DD/MM/YYYY): _____	Date of Naturalization (DD/MM/YYYY): _____
GRANDFATHER	GRANDMOTHER
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: _____
NATURALIZATION	NATURALIZATION
Certificate No.: _____	Certificate No.: _____
City: _____	City: _____
Date of Naturalization (DD/MM/YYYY): _____	Date of Naturalization (DD/MM/YYYY): _____
FATHER	MOTHER
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: _____
NATURALIZATION	NATURALIZATION
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)