



Consolato Generale d'Italia

FILADELFIA

## **RINUNCIA ALLA CITTADINANZA ITALIANA**

Tale atto deve essere formalizzato, ai sensi dell'art. 23 della legge 91/92, tramite dichiarazione firmata solo al Comune di residenza A.I. R. E. oppure presso l'Autorita' Consolare di competenza (Consolato di iscrizione anagrafica) con documenti in corso di validita'.

Previo appuntamento dovranno essere presentati:

- Certificato di nascita;
- Passaporto Italiano e Passaporto USA;
- Certificato di Naturalizzazione
- Patente di guida;
- Ricevuta del versamento di 250.00 Euro;

Money Order o contanti in dollari US corrispondenti a 41 euro per l'imposta amministrativa (consultare le tariffe correnti su Dichiarazione Consolare)

Si trascrivono gli elementi identificativi per il versamento dei 250 Euro:

**BENEFICIARIO:** CONTO CORRENTE POSTALE intestato a "MINISTERO DELL'INTERNO D.L.C.I. - CITTADINANZA"

**CODICE IBAN:** IT54D0760103200000000809020

**BANCA** Poste Italiane SPA / BancoPosta

**INDIRIZZO BANCA** Viale Europa 175, Roma ITALIA

**INOLTRO A** 34429

**CAUSALE DEL VERSAMENTO:** "DICHIARAZIONE DI RINUNCIA ALLA CITTADINANZA" con il nome della persona richiedente

Codice BIC/SWIFT di Poste italiane:

- per bonifici esteri : BPPIITRRXXX
- per operazioni Eurogiro : PIBPITRA

NOTA: Col il numero di conto IBAN non occorrono altri indicativi del ricevente.

ESEMPIO DI PAGAMENTO COMPLETATO

<b>Section IV: International Payment Instructions</b> <input type="checkbox"/> Check here if funds must be sent in US dollars.					
USD Amount of Wire \$ 298.60	Country Italy	Rate 1.49302400	Foreign Currency Code eur	Foreign Currency Amount 200.00	
Debit Account Type (check one) <input checked="" type="checkbox"/> CHKG <input type="checkbox"/> SAV <input type="checkbox"/> ICA <input type="checkbox"/> GL	Serial # (For ICA/GL) or Repetitive ID#	FX Reference ID (If applicable)		Source <input checked="" type="checkbox"/> OTC <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Letter	
Account Debit	Account #	State	SS	Available Balance \$\$\$\$\$\$	
Account Title <b>Name of account holder</b>					
Overdraft Amount \$	Overdraft Approved by (Name & Signature)			Date Date	Wire Fee \$ \$
<b>Section V: Wire Information</b>					
Beneficiary Name Ministero Dell'interno DLCICITADIN			Beneficiary Account # or IBAN (if IBAN, no further Beneficiary Bank information is required) IT54D076010320000000809020		
Beneficiary Address: Street		City Rome	State	Country Italy	Zip
Beneficiary Bank Name Poste Italiane SPA			ABA # or Swift or National ID		
Beneficiary Bank Address Street Viale Europa 175		City Rome	State	Country Italy	Zip
Additional Instructions (Attention To, Phone Advise, Customer Reference, Contact Upon Arrival) File 34429					
Send Thru Bank/IBK (if available)			ABA # or Swift or National ID		
Send Thru Bank Address Street		City	State	Country	Zip



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## RENOUNCING ITALIAN CITIZENSHIP

According to art.. 23 of the 91/92 law, the declaration must be formalized, either at the Comune of A.I.R.E. or at the Consulate where the person is Registered in their A.I.R.E., through a signed form in front of a Consular Officer with valid IDs.

For the appointment the following is required:

- Birth certificate;
- Italian Passport and US Passport;
- Naturalization Certificate
- Driver license;
- Receipt of the 250.00 Euro payment;

Money Order or cash in US dollar for legal stamps reflecting 41 euros (please check the current fee for Dichiarazione Consolare)

Here are the guidelines for the 250 Euro payment:

**Beneficiary:** CONTO CORRENTE POSTALE "MINISTERO DELL'INTERNO  
D.L.C.I. - CITTADINANZA"

**IBAN code** n. IT54D0760103200000000809020

**Bank:** Poste Italiane SPA / BancoPosta

**Bank address:** Viale Europa 175, Roma ITALIA

**Further to:** 34429

**Reference of payment :** DICHIARAZIONE DI RINUNCIA ALLA CITTADINANZA”  
with the name of the applicant

BIC/SWIFT code of Poste italiane:

- for International transfers: BPPIITRRXXX
- for Eurogiro operations : PIBPITRA
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NOTE: When using the IBAN number, no further recipient information is necessary.

SAMPLE OF A COMPLETED BANK WIRE

<b>Section IV: International Payment Instructions</b> <input type="checkbox"/> Check here if funds must be sent in US dollars.				
USD Amount of Wire \$ 298.60	Country Italy	Rate 1.49302400	Foreign Currency Code eur	Foreign Currency Amount 200.00
Debit Account Type (check one) <input checked="" type="checkbox"/> CHRG <input type="checkbox"/> SAV <input type="checkbox"/> ICA <input type="checkbox"/> GL	Serial # (For ICA/GL) or Repetitive ID#	FX Reference ID (If applicable)	Source <input checked="" type="checkbox"/> OTC <input type="checkbox"/> Fax <input type="checkbox"/> Phone <input type="checkbox"/> Letter	
Account Debit Account #	State SS	Available Balance	\$ \$\$\$\$\$	
Account Title <b>Name of account holder</b>				
Overdraft Amount \$	Overdraft Approved by (Name & Signature)		Date Date	Wire Fee \$ \$
<b>Section V: Wire Information</b>				
Beneficiary Name Ministero Dell'interno DLCICITADIN		Beneficiary Account # or IBAN (if IBAN, no further Beneficiary Bank information is required) IT54D076010320000000809020		
Beneficiary Address: Street		City Rome	State	Country Italy Zip
Beneficiary Bank Name Poste Italiane SPA		ABA # or Swift or National ID		
Beneficiary Bank Address Street Viale Europa 175		City Rome	State	Country Italy Zip
Additional Instructions (Attention To, Phone Advise, Customer Reference, Contact Upon Arrival) File 34429				
Send Thru Bank/IBK (if available)		ABA # or Swift or National ID		
Send Thru Bank Address Street		City	State	Country Italy Zip