DECLARATION OF DECEASED ITALIAN ASCENDANT

(If your Italian ancestor was born in Italy, but is deceased, please fill out the following declaration. If alive please have him/her fill FORM3)

*THE UNDERSIGNED (Last/First/ Middle Name)*_____
BORN IN (City and State/Province):_____
DATE OF BIRTH (DD/MM/YYYY:_____

IN REFERENCE TO THE APPLICANT'S REQUEST FOR RECOGNITION OF ITALIAN CITIZENSHIP *JURE SANGUINIS*

DECLARES THAT

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

AND RELATED TO THE APPLICANTAS (PLEASE CHECK THE APPROPRIATE BOX)☐FATHER ☐MOTHER ☐ GRANDFATHER ☐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.	

DATE (DD/MM/YYYY):_____ SIGNATURE:_____

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