

APPLICATION FOR ITALIAN CITIZENSHIP *JURE SANGUINIS*

THE UNDERSIGNED Last/First/ Middle Name \_\_\_\_\_  
 Date of birth (DD/MM/YYYY): \_\_\_\_\_ City of birth: \_\_\_\_\_ 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: _____	_____
NATURALIZATION	NATURALIZATION
Certificate No.: _____	Certificate No.: _____
City: _____	City: _____
Date of Naturalization (DD/MM/YYYY): _____	Date of Naturalization (DD/MM/YYYY): _____
Date & City of Death: _____	Date & City of Death: _____
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: _____	_____
NATURALIZATION	NATURALIZATION
Certificate No.: _____	Certificate No.: _____
City: _____	City: _____
Date of Naturalization (DD/MM/YYYY): _____	Date of Naturalization (DD/MM/YYYY): _____
Date & City of Death: _____	Date & City of Death: _____
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: _____	_____
NATURALIZATION	NATURALIZATION
Certificate No.: _____	Certificate No.: _____
City: _____	City: _____
Date of Naturalization (DD/MM/YYYY): _____	Date of Naturalization (DD/MM/YYYY): _____
Date & City of Death: _____	Date & City of Death: _____

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.

DATE (DD/MM/YYYY): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

The undersigned declares that he/she has read the privacy statement concerning citizenship requests, in accordance with the General Data Protection Regulation (EU) 2016/679. [General Data Protection Regulation \(EU\) 2016/679](https://eur-lex.europa.eu/eli/reg/2016/679/oj)

**DECLARATION OF APPLICANT**  
(to be completed and signed by the applicant)

THE UNDERSIGNED (Last/First/ Middle Name) \_\_\_\_\_  
 BORN IN (City and State/Province): \_\_\_\_\_  
 DATE OF BIRTH (DD/MM/YYYY): \_\_\_\_\_  
 CURRENT ADDRESS: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

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 (DD/MM/YYYY): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

(SIGNATURE MUST BE NOTARIZED. OTHERWISE THIS DECLARATION MUST BE SIGNED BEFORE A CONSULAR OFFICER)  
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 General Data Protection Regulation (EU) 2016/679. [General Data Protection Regulation \(EU\) 2016/679](#)

**DECLARATION OF LIVING ITALIAN ANCESTOR**  
(to be completed by the applicant's living Italian ancestors born outside of Italy)

THE UNDERSIGNED (Last/First/ Middle Name) \_\_\_\_\_  
 BORN IN (City and State/Province): \_\_\_\_\_  
 DATE OF BIRTH (DD/MM/YYYY): \_\_\_\_\_  
 CURRENT ADDRESS: \_\_\_\_\_  
 Telephone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

(PLEASE CHECK THE APPROPRIATE BOX)  FATHER  MOTHER  GRANDFATHER  GRANDMOTHER  
 GREAT GRANDFATHER  GREAT GRANDMOTHER OF THE APPLICANT

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, 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 (DD/MM/YYYY): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

The undersigned declares that he/she has read the privacy statement concerning citizenship requests, in accordance with the  
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**DECLARATION OF DECEASED ITALIAN ANCESTOR**  
 (to be completed by the applicant for the Italian ancestors born outside of Italy and deceased)

THE UNDERSIGNED (Last/First/ Middle Name) \_\_\_\_\_  
 BORN IN (City and State/Province): \_\_\_\_\_  
 DATE OF BIRTH (DD/MM/YYYY): \_\_\_\_\_  
 CURRENT ADDRESS: \_\_\_\_\_  
 Telephone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

**DECLARES THAT**

(name of DEACESED ancestor) \_\_\_\_\_

BORN IN (city and state) \_\_\_\_\_ ON (date of birth) \_\_\_\_\_

DECEASED IN (city and state) \_\_\_\_\_ ON (date of death) \_\_\_\_\_

AND RELATED TO THE APPLICANT AS (check one);

- FATHER  MOTHER  GRANDFATHER  GRANDMOTHER  
 GREAT GRANDFATHER  GREAT GRANDMOTHER OF THE APPLICANT

NEVER RENOUNCED ITALIAN CITIZENSHIP BEFORE ANY ITALIAN AUTHORITY, 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)  
 The undersigned declares that he/she has read the privacy statement concerning citizenship requests, in accordance with the  
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