

## APPLICATION FOR RECOGNITION OF ITALIAN CITIZENSHIP

### APPLICANT

Family name and given name/s \_\_\_\_\_  
(For women please indicate maiden name and given names)  
Place of birth \_\_\_\_\_ date of birth \_\_\_\_\_  
(City, province and country) (dd/mm/yy)  
Address \_\_\_\_\_ City \_\_\_\_\_  
Postal Code \_\_\_\_\_ Tel. ( ) \_\_\_\_\_ E-mail \_\_\_\_\_  
Marital status \_\_\_\_\_ Profession \_\_\_\_\_ Education \_\_\_\_\_  
(Single, married, divorced, widowed)

### SPOUSE (if married)

Family name and given name/s \_\_\_\_\_  
(For women please indicate maiden name, and given names)  
Marital status prior to present marriage \_\_\_\_\_  
(Single, married, divorced, widowed)  
Place of birth \_\_\_\_\_ date of birth \_\_\_\_\_  
(City, province and country) (dd/mm/yy)  
Citizenship \_\_\_\_\_ as of \_\_\_\_\_ (Please indicate the date of naturalization)  
father \_\_\_\_\_ mother \_\_\_\_\_  
(Please indicate maiden name and given name/s)  
Last place of residence in Italy \_\_\_\_\_ Province \_\_\_\_\_

### FATHER

Family name and given name/s \_\_\_\_\_  
Marital status prior to present marriage \_\_\_\_\_  
(Single, married, divorced, widowed)  
Place of birth \_\_\_\_\_ date of birth \_\_\_\_\_  
(City, province and country) (dd/mm/yy)  
Citizenship \_\_\_\_\_ as of \_\_\_\_\_ (Please indicate the date of naturalization)  
Son of \_\_\_\_\_ and \_\_\_\_\_  
(Please indicate maiden name and given name(s))  
Last place of residence in Italy \_\_\_\_\_ Province \_\_\_\_\_

### MOTHER

Maiden name and given name/s \_\_\_\_\_  
Marital status prior to present marriage \_\_\_\_\_  
(Single, married, divorced, widowed)  
Place of birth \_\_\_\_\_ date of birth \_\_\_\_\_  
(City, province and country) (dd/mm/yy)  
Citizenship \_\_\_\_\_ as of \_\_\_\_\_ (Please indicate the date of naturalization)  
Daughter of \_\_\_\_\_ and \_\_\_\_\_  
(Please indicate maiden name and given name(s))  
Last place of residence in Italy \_\_\_\_\_ Province \_\_\_\_\_

**I am aware that a non-refundable fee will be required at the time of application regardless of the outcome of the application.**

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Name in full)