The date of application of the consular stamp coincides with the start of the recognition procedure.

CITIZENSHIP RECOGNITION APPLICATION FORM
DOMANDA RICONOSCIMENTO CITT. ITALIANA

(PARTE I)

***I the undersigned**, being fully aware of the criminal penalties imposed for making false declarations, as per art. 76 of Presidential Decree no. 445 of 28/12/2000,*
Dichiarazione sostitutiva di certificazioni (Art.46 D.P.R. 445 del 28/12/2000)
Il/La sottoscritto/a consapevole delle sanzioni penali, nel caso di dichiarazioni non veritiere e falsità negli atti, richiamate dall'art.76 D.P.R.445 del 28/12/2000

HEREBY DECLARE THE FOLLOWING / DICHIARA

Names exactly as per Birth Certificates

I, The Undersigned _____ _____
Il/La Sottoscritto/a **Last Name** - *Maiden Name For Women* - Cognome - *Da Nubile* **First Name And Middle Name** - Nome

Born In _____ **On** _____
Nato/a a City, State And Country - Citta', Provincia E Paese Il dd/mm/yy – gg/mm/aa

Address _____
Indirizzo Street, Address And Apartment Number - Via E Numero Civico

Sex_____ **Marital Status**_____ **Previous marriages ☐ No ☐ Yes** (If Y, specify how many)_____
Sesso Stato Civile Eventuali matrimoni precedenti No / Si (Specificare)

Education_____ **Occupation**_____
Titolo di studio Professione

Other Nationalities and date of acquisition_____
Altre Cittadinanze e data di acquisto

Cell Phone_____ **E-Mail (mandatory)** _____
Numero Cellulare Indirizzo E-Mail

Father's Full Name _____ **Place and date of birth** _____
Nome Completo Del Padre Luogo e data di nascita

Mother's Full Maiden Name _____ **Place and date of birth** _____
Nome Completo Del Padre Luogo e data di nascita

Spouse - Coniuge

Full (Maiden) Name _____
Nome e Cognome (Da Nubile)

Born In _____**On** _____
Nato/a a City, State And Country - Citta', Provincia E Paese Il dd/mm/yy – gg/mm/aa

Date and Location of Wedding _____ **On** _____
Data e Luogo de Matrimonio City, State And Country – Citta', Provincia, Comune Il dd/mm/yy – gg/mm/aa

Underage Children - Figli Minorenni

Full Name _____**Born In** _____ **On** _____
Nome e Cognome City/State/Country – Città/Provincia/Paese il dd/mm/yy – gg/mm/aa

Full Name _____**Born In** _____ **On** _____
Nome e Cognome City/State/Country – Città/Provincia/Paese il dd/mm/yy – gg/mm/aa

Full Name _____**Born In** _____ **On** _____
Nome e Cognome City/State/Country – Città/Provincia/Paese il dd/mm/yy – gg/mm/aa

Full Name _____**Born In** _____ **On** _____
Nome e Cognome City/State/Country – Città/Provincia/Paese il dd/mm/yy – gg/mm/aa

I am aware that false representations or false information is punishable by law. Il/La sottoscritto/a dichiara di essere consapevole delle sanzioni penali cui può andare Incontro in caso di falsa dichiarazione o falsa esibizione di atti

Signature and Date – Firma e Data
N.B. Signature has to be applied in front of the front desk officer in charge of the procedure.
N.B. La firma deve essere apposta davanti all'impiegato che riceve la domanda.
THE DECLARATION CONTINUES ON THE FOLLOWING PAGE (PART II)

_____
Front Officer Signature and date

YOUR FILE REF. NUMBER

APPLICATION FOR ITALIAN CITIZENSHIP JURE SANGUINIS – PART II

- Fill out using names exactly as per Birth Certificates
- If you apply through your grandfather/grandmother fill all the boxes.
- If you apply through your father/mother fill boxes #2 and #3 leaving blank the #1.

START HERE

The undersigned, declares to be a descendant of the following person/s

GRANDPARENT BORN IN ITALY [#1]:
Last (maiden) Name:
First & Middle Name:
Place of Birth:
Date of Birth (DD/MM/YY):
Date & City of Marriage:
Previous marriages ☐ Yes ☐ No (If Y, specify how many) _____
Last place of residence in Italy:
Naturalized ☐ Yes ☐ No
Date of Naturalization (DD/MM/YY):

SPOUSE
Last (maiden) Name:
First & Middle Name:
Place of Birth:
Date of Birth (DD/MM/YY):
IF BORN IN ITALY:
Previous marriages ☐ Yes ☐ No (If yes, how many?)
Last place of residence in Italy:
Naturalized ☐ Yes ☐ No
Date of Naturalization (DD/MM/YY):

PARENT [#2]: CHILD OF #1
Last (maiden) Name:
First & Middle Name:
Place of Birth:
Date of Birth (DD/MM/YY):
Date & City of Marriage:
Previous marriages ☐ Yes ☐ No (If yes, how many?) _____
Last place of residence in Italy:
Naturalized ☐ Yes ☐ No
Date of Naturalization (DD/MM/YY):

SPOUSE
Last (maiden) Name:
First & Middle Name:
Place of Birth:
Date of Birth (DD/MM/YY):
IF BORN IN ITALY:
Previous marriages ☐ Yes ☐ No (If yes, how many?)
Last place of residence in Italy:
Naturalized ☐ Yes ☐ No
Date of Naturalization (DD/MM/YY):

[#3] APPLICANT
Last (maiden) Name:
First & Middle Name:
City & State of Birth:
Date of Birth (DD/MM/YYYY):

_____

Signature and Date – Firma e Data