

DECLARATION OF LIVING ITALIAN ASCENDANT

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

(Applicant's last/first/middle name)

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)

I acknowledge that I have read the personal data protection notice on the subject of Italian citizenship application, as set forth by the General Regulation (EU) 2016/679 on the Protection of Personal Data.

Date .../.../...

Signature.....