

THE UNDERSIGNED Last/First/Middle Name \_\_\_\_\_  
 City of birth: \_\_\_\_\_ Date of birth (DD/MM/YYYY): \_\_\_\_\_  
 State/Province/Country of birth: \_\_\_\_\_  
 Current Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Currently 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:

<b>GREAT GRANDFATHER</b>	<b>GREAT GRANDMOTHER</b>
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: _____	Date and City of Marriage: _____
<b>NATURALIZATION</b>	<b>NATURALIZATION</b>
Certificate No.: _____	Certificate No.: _____
City: _____	City: _____
Date of Naturalization (DD/MM/YYYY): _____	Date of Naturalization (DD/MM/YYYY): _____
<b>GRANDFATHER</b>	<b>GRANDMOTHER</b>
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: _____	Date and City of Marriage: _____
<b>NATURALIZATION</b>	<b>NATURALIZATION</b>
Certificate No.: _____	Certificate No.: _____
City: _____	City: _____
Date of Naturalization (DD/MM/YYYY): _____	Date of Naturalization (DD/MM/YYYY): _____
<b>FATHER</b>	<b>MOTHER</b>
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: _____	Date and City of Marriage: _____
<b>NATURALIZATION</b>	<b>NATURALIZATION</b>
Certificate No.: _____	Certificate No.: _____
City: _____	City: _____
Date of Naturalization (DD/MM/YYYY): _____	Date of Naturalization (DD/MM/YYYY): _____

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, listing all places of residence)

I, the undersigned, hereby declare that I read and understood the information about the protection of PII (personal identifiable information) with reference to consular services, in accordance with the General Rules on Data Protection (EU) 2016/679.

I Declare, under penalty of perjury, that the above stated facts are true and that I am aware of the criminal penalties against those who make misleading or false statements (art 76 of Presidential Decree 445/2000).

DATE (DD/MM/YYYY): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
 (MUST BE NOTARIZED OR SIGNED AT THE CONSULATE)