

## DECLARATION OF DECEASED ITALIAN ASCENDANT

(If your Italian ancestor was born in Italy, but he/she is deceased, please fill out the following declaration.

If he/she is alive please have him/her fill FORM3)

**THE UNDERSIGNED** (*Last/First/Middle Name*) \_\_\_\_\_

BORN IN (City and State/Province/Country): \_\_\_\_\_

DATE OF BIRTH (DD/MM/YYYY): \_\_\_\_\_

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

DECLARES THAT

\_\_\_\_\_  
(Name of ancestor)

BORN IN (City and State/Province/Country): \_\_\_\_\_

DATE OF BIRTH (DD/MM/YYYY): \_\_\_\_\_

AND RELATED TO THE APPLICANTAS (PLEASE CHECK THE APPROPRIATE BOX) ☐ FATHER ☐ MOTHER  
☐ GRANDFATHER ☐ GRANDMOTHER ☐ GREAT GRANDFATHER ☐ GREAT GRANDMOTHER

NEVER RENOUNCED ITALIAN CITIZENSHIP BEFORE ANY ITALIAN AUTHORITY,  
and 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. _____	_____

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: \_\_\_\_\_

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