



CONSOLATO GENERALE D'ITALIA SAN FRANCISCO

The undersigned: _____
LAST NAME FIRST NAME MIDDLE NAME

born in: _____ on: _____
(CITY, STATE, COUNTRY) DAY MONTH YEAR

residing at: _____
ADDRESS CITY, STATE ZIP

has submitted an application for the issuance of an Italian passport to the Consulate General in San Francisco for the minor child:

(Full name of minor child): _____

In consideration of the difficulties involved in traveling from the abovementioned residence in this consular jurisdiction to the Consulate General in San Francisco, CA, the undersigned requests under exceptional circumstances that his/her child's fingerprints be taken in advance of the issuance of an Italian passport. The undersigned declares that he/she is fully aware and knowledgeable that this request will require that his/her child's fingerprints be retained by this Consulate General for a period that is longer than usual.

By signing this form, the undersigned agrees that the Consulate General of Italy in San Francisco is not responsible for any issues and/or problems, current or future, arising from the retention of the fingerprints, and waives the Consulate General of Italy of any and all liabilities therein.

Date: _____
DAY MONTH YEAR

Signature: _____