



CONSULATE GENERAL OF ITALY IN SAN FRANCISCO
REQUEST FOR EMERGENCY TRAVEL DOCUMENT FOR ADULTS
 (Art. 46 del D.P.R. 28 dicembre 2000, n. 445)

Full name:	_____		
	(Maiden) Last name(s)	First Name(s)	Middle name(s)
Born in:	_____	on	_____
	City, State,	Country	DD / MM / YYYY
Height :	_____ cm	Eye Color:	<input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Gray
			Sex: <input type="checkbox"/> M / <input type="checkbox"/> F
Address :	_____		
City :	_____	State:	_____
		ZIP	_____
Email:	_____		Tel: () -

Glue Photo in Space Below



Signature of Applicant

Requests the issuance of an Emergency Travel Document (E.T.D.) and declares:

- to be an Italian citizen
- to be **single/unmarried** **in a civil union** **married**
 divorced **widowed**
- to **have** / **not have** committed any crimes, nor to be the subject of any provisions regarding security or preventative measures, civil rulings, or administrative provisions appearing in court records according to current law.
- to **his/her knowledge, is not the subject of any pending criminal proceedings**
- to **owe** / **not owe** child support
- to **have** / **not have** minor children
- to **be** / **not be** the guardian of minor children

Under penalty of perjury, and in full awareness of the legal consequences outlined by art. 76 of the D.P.R. 28 December 2000, n. 445 in the event of false or untrue declarations, the applicant declares that the information provided above is true and correct.

Signature of Applicant

Date _____
DD / MM / YYYY

_____ DD / MM / YYYY

The personal information collected from this form will be handled according to art. 11 of the Legislative decree of 30 June 2003, n. 196, the Code pertaining to the protection of personal information.

Notes:

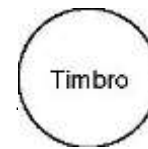
SPAZIO RISERVATO ALL'UFFICIO

RESERVED FOR OFFICIAL USE

Si attesta che la foto di cui sopra corrisponde alle sembianze del richiedente

San Francisco,
DD / MM / YYYY

Il funzionario incaricato



E.T.D. n °

Rilasciato il:

Con Scadenza:

E.T.D. ritirato il:

Firma estesa per ricevuta

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