

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*, AND BEING AWARE THAT THE UNDERSIGNED WILL ALSO OBTAIN HIS/HER OWN RECOGNITION OF ITALIAN CITIZENSHIP

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)