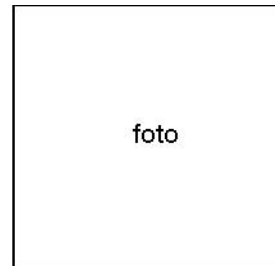




CONSULATE GENERAL OF ITALY IN SAN FRANCISCO
PASSPORT REQUEST FORM FOR **ADULTS**
(Art. 46 del D.P.R. 28 dicembre 2000, n. 445)

Full name:	<div>(Maiden) Last name(s) First Name(s) Middle name(s)</div>		
Born in:	<div>City, State, Country</div>	on	<div>DD / MM / YYYY</div>
Height :	<div>cm (whole number only)</div>	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 a passport 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 ☐ **have** / ☐ **not have** custody of any non-biological 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

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:

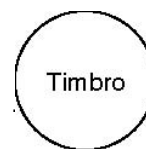
SPAZIO RISERVATO ALL'UFFICIO

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



Passaporto n °.....

Rilasciato il:.....

Con Scadenza:.....

Passaporto ritirato il:.....

Firma estesa per ricevuta

.....