

DECLARATION OF DECEASED ITALIAN ASCENDANT

(If your Italian ancestor was born in Italy, but is deceased, please fill out the following declaration. If alive please have him/her fill FORM3)

THE UNDERSIGNED (Last/First/Middle Name) _____
 BORN IN (City and State/Province): _____
 DATE OF BIRTH (DD/MM/YYYY): _____

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

DECLARES THAT

 (Name of ancestor)
 BORN IN (City and State/Province): _____
 DATE OF BIRTH (DD/MM/YYYY): _____

RELATED TO THE APPLICANTAS (PLEASE CHECK THE APPROPRIATE BOX)

FATHER

MOTHER

GRANDFATHER

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. _____	_____

DATE (GG/MM/YYYY): _____

SIGNATURE: _____

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