

The undersigned (*last-maiden/first/middle name*) _____
 date of birth (*dd/mm/yyyy*): _____ place of birth (*town and State*): _____
 Country of birth: _____ address: _____
 telephone (Home) _____ (Business) _____ (Cell) _____
 e-mail _____ married (Yes/No) _____ divorced (Yes/No) _____
 city and date (*dd/mm/yyyy*) of marriage _____
 spouse's full name (for women, please use maiden name) _____
 spouse's city and date of birth (*dd/mm/yyyy*): _____

claims his/her right to the Italian citizenship and declares to be the descendant of:

GRANDFATHER	GRANDMOTHER
Last Name/s:	Last Name/s:
First name/s	First name/s
City of Birth:	City of Birth:
Date of Birth (<i>dd/mm/yyyy</i>):	Date of Birth (<i>dd/mm/yyyy</i>):
Date and City of Marriage:	Date and City of Marriage:
Date and City of Death:	Date and City of Death:
NATURALIZATION Date:	NATURALIZATION Date:
Certificate No.: City:	Certificate No.: City:
FATHER	MOTHER
Last Name/s:	Last Name/s:
First Name/s:	First Name/s:
City of Birth:	City of Birth:
Date of Birth (<i>dd/mm/yyyy</i>):	Date of Birth (<i>dd/mm/yyyy</i>):
Date and City of Marriage:	Date and City of Marriage:
Date and City of Death:	Date and City of Death:
NATURALIZATION Date:	NATURALIZATION Date:
Certificate No.: City:	Certificate No.: City:

The undersigned states that he/she has read the notice about the protection of personal information regarding the citizenship application, pursuant to *Regolamento Generale sulla Protezione dei Dati (UE) 2016/679* (General Provision on Data Protection).

DATE (*dd/mm/yyyy*): _____ SIGNATURE _____