

APPLICANT'S DECLARATION

THE UNDERSIGNED (*Last/First/ Middle Name*) \_\_\_\_\_  
 BORN IN (City and State/Province): \_\_\_\_\_  
 DATE OF BIRTH (dd/mm/yyyy): \_\_\_\_\_  
 CURRENT ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone (Home) \_\_\_\_\_ (Business) \_\_\_\_\_ (Cell) \_\_\_\_\_

IN REFERENCE TO HIS/HER REQUEST FOR RECOGNITION OF ITALIAN CITIZENSHIP *JURE SANGUINIS*,

**DECLARES**

THAT HE/SHE HAS NEVER RENOUNCED ITALIAN CITIZENSHIP TO 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. _____	_____

Place and date (dd/mm/yyyy) \_\_\_\_\_ Signature \_\_\_\_\_

