

DECLARATION OF LIVING ASCENDANTThe undersigned (*last/first/middle name*) _____born in (*city and State*) _____date of birth (*dd/mm/yyyy*) _____

current address _____

phone # _____

☐ **Mother**☐ **Father**☐ **Grandfather**☐ **Grandmother**

of the below indicated applicant

(*applicant's complete name*) _____**in reference to the applicant's Italian citizenship recognition request *jure sanguinis*****declares****that he/she has never renounced the Italian citizenship before any Italian Authority and that, since the age of 18, he/she has resided in:**

	City, State / Province	Approximate time (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 in front of a Consular employee)