

FACSIMILE OF APPLICATION TO APPLY FOR ITALIAN CITIZENSHIP BY  
RIGHT OF BLOOD RECOGNIZED.

CONSULATE GENERAL OF ITALY  
500 North Michigan Ave. Suite 1850  
Chicago IL, 60611

Subject: Recognition of the Italian citizenship "jure sanguinis".

The undersigned (first and last name), born (date and place of birth), resident in (full address).

REQUESTS

that his (or her) right to the Italian citizenship "jure sanguinis" be recognized and therefore

DECLARES

that he/she is a descendant of:

- full name, date and place of birth of the ancestor that was born in Italy
- full name, date and place of birth of father/mother (if he/she was born abroad),but not in Italy. (\*) (\*\*)
- full name, date and place of birth of declarant. (\*\*)
- that neither he/she nor his/her mother or father (\*) has ever renounced the Italian citizenship neither before any Italian Consulate or Embassy nor before any Italian Authority.

Attached to this request are the following documents in support of the above:

(List of all documents enclosed as per information packet.)

(date) (signature)

(\*) depending on which person you are deriving your citizenship from.

(\*\*) please list cities of residence starting from the age of 18.