



Consolato Generale d'Italia
San Francisco

APPLICATION FOR ITALIAN CITIZENSHIP "JURE SANGUINIS"

The undersigned LAST /FIRST/MIDDLE NAME : _____

PLACE (CITY) OF BIRTH, STATE: _____ DATE OF BIRTH:
(DD/MM/YYYY)

CURRENT ADDRESS: _____
TELEPHONE #: Home _____ Business _____ Cell. _____

MARRIED? YES NO DIVORCED? PLACE AND DATE OF MARRIAGE _____
FULL NAME OF THE SPOUSE: (use maiden name) _____
CITY OF BIRTH AND DATE OF BIRTH _____

CHILDREN UNDER 18 YRS OLD

NAME	PLACE OF BIRTH	DATE OF BIRTH (DD/MM/YYYY)
1) _____	_____	_____
2) _____	_____	_____

Request that his/her right to Italian citizenship be recognized and, therefore, DECLARES to be descendant of:

GREAT GRANDFATHER	GREAT GRANDMOTHER
LAST NAME : _____	MAIDEN NAME : _____
FIRST NAME/S: _____	FIRST NAME /S : _____
Place (city) of birth : _____	Place (city) of birth: _____
Date of birth (DD/MM/YYYY): _____	Date of birth (DD/MM/YYYY) _____
Date & Place of marriage: _____	

NATURALIZATION

CERTIFICATE # : _____	_____
PLACE : _____	_____
DATE : _____	_____

GRANDFATHER	GRANDMOTHER
LAST NAME : _____	MAIDEN NAME : _____
FIRST NAME/S: _____	FIRST NAME /S : _____
Place (city) of birth : _____	Place (city) of birth: _____
Date of birth (DD/MM/YYYY): _____	Date of birth (DD/MM/YYYY) _____
Date & Place of marriage: _____	

NATURALIZATION

CERTIFICATE # : _____	_____
PLACE : _____	_____
DATE : _____	_____
Address (if applies): _____	

FATHER	MOTHER
LAST NAME : _____	MAIDEN NAME : _____
FIRST NAME/S: _____	FIRST NAME /S : _____
Place (city) of birth : _____	Place (city) of birth: _____
Date of birth (DD/MM/YYYY): _____	Date of birth (DD/MM/YYYY) _____
Date & Place of marriage: _____	

NATURALIZATION

CERTIFICATE # : _____	_____
PLACE : _____	_____
DATE : _____	_____
Address (if applies): _____	

HE DECLARES THAT HE / SHE HAS NEVER RENOUNCED THE ITALIAN CITIZENSHIP BEFORE ANY ITALIAN AUTHORITY.

IN REGARDS TO HIS/HER ASCENDENTS BORN IN U.S.A, HE HEREBY DECLARE THAT HIS/HER (SELECT WHAT APPLIES)

FATHER MOTHER GRANDFATHER GRANDMOTHER HAS/HAVE NEVER RENOUNCED THE ITALIAN CITIZENSHIP BEFORE ANY ITALIAN AUTHORITY

DATE _____ / _____ / _____ SIGNATURE _____

*) PLEASE LIST, ON A SEPARATE PAPER: must be notarized. Please also attach copy of your driver license

1. CITIES OF RESIDENCES, STARTING FROM THE AGE OF 18, FOR YOURSELF AND YOUR ITALIAN ANCESTORS
2. ALL THE DOCUMENTS ATTACHED TO YOUR APPLICATION, that must be presented in original, plus one copy.