

DECLARATION OF DECEASED ASCENDANT

If your Italian ancestor was born outside of Italy, but is deceased, please fill out the following declaration. If alive, please have him/her fill out FORM 3.

THE UNDERSIGNED (APPLICANT's last/first/middle name) \_\_\_\_\_

BORN IN (city and state/province) \_\_\_\_\_ ON (date of birth) \_\_\_\_\_

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

DECLARES THAT

(name of DECEASED ancestor) \_\_\_\_\_

BORN IN (city and state/province) \_\_\_\_\_ ON (date of birth) \_\_\_\_\_

DECEASED IN (city and state/province) \_\_\_\_\_ ON (date of death) \_\_\_\_\_

AND RELATED TO THE APPLICANT AS (check one) [ ] FATHER [ ] MOTHER [ ] GRANDFATHER [ ] GRANDMOTHER

NEVER RENOUNCED ITALIAN CITIZENSHIP BEFORE ANY ITALIAN AUTHORITY,

AND THAT, STARTING FROM THE AGE OF EIGHTEEN (18), RESIDED IN:

Table with 2 columns: CITY, STATE/PROVINCE and APPROXIMATE TIME PERIOD (YEARS). Rows 1-10.

The undersigned declares that he/she has read the privacy statement concerning citizenship requests, in accordance with the Data Protection Regulation (EU) 2016/679.

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Signature must be notarized. Otherwise, this declaration must be signed before a Consular Officer.