



DECLARATION CONCERNING THE APPLICANT FOR ITALIAN CITIZENSHIP

THE UNDERSIGNED (applicant's name): _____

Born in (city of birth/State): _____

Date of birth (day/month/year): _____

Current mailing Address: _____

Telephone: _____

DECLARES

That he or she:

- 1. HAS NEVER RENOUNCED ITALIAN CITIZENSHIP BEFORE ANY ITALIAN AUTHORITY
- 2. DID NOT NATURALIZE AS A CITIZEN OF A NATION OTHER THAN ITALY PRIOR TO 16 AUGUST 1992
- 3. AND THAT, STARTING FROM THE AGE OF 18, THE APPLICANT RESIDED IN:

List Cities/States and approximate years:

| CITY (e.g., "San Francisco") | STATE (e.g., "California") | APPROXIMATE YEARS (e.g., "2010-2012") |
|------------------------------|----------------------------|---------------------------------------|
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(continue below or use a second sheet of paper if necessary)

DATE ____ / ____ / ____ SIGNATURE OF APPLICANT _____
 (day) (month) (year)

Please note: You must sign before a Consular Officer unless explicitly instructed otherwise