

Embassy of Italy
Singapore

FORM 1

APPLICATION FOR ITALIAN CITIZENSHIP JURE SANGUINIS

THE UNDERSIGNED Last/First/ _____

Born in (City and State/Province) _____ On (DD/MM/YYYY): _____

Current Address: _____

Email: _____ Mobile: _____

Married (YES/NO) _____ Divorced (YES/NO) _____

City and Date of Marriage _____

Spouse's Full Name (Please use maiden name) _____

Spouse's City and date of birth _____

Children under 18 Years Old

| Name (Last/First) | Born in (City and State/Province) | On (DD/MM/YYYY) |
|-------------------|-----------------------------------|-----------------|
| 1) | | |
| 2) | | |
| 3) | | |
| 4) | | |

Requests that his/her right to Italian citizenship be recognized and, therefore, declares to be a descendant of:

| | |
|--|--|
| GREAT GREAT GRANDFATHER | GREAT GREAT GRANDMOTHER |
| Last Name: _____ First Name/s: _____ City of Birth: _____ Date of Birth (DD/MM/YYYY): _____ Date and City of Marriage: _____ | Last Name: _____ First Name/s: _____ City of Birth: _____ Date of Birth (DD/MM/YYYY): _____ Date and City of Marriage: _____ |
| NATURALIZATION | NATURALIZATION |
| Certificate No.: _____ | Certificate No.: _____ |
| City: _____ | City: _____ |
| Date of Naturalization (DD/MM/YYYY): _____ | Date of Naturalization (DD/MM/YYYY): _____ |
| GREAT GRANDFATHER | GREAT GRANDMOTHER |
| Last Name: _____ First Name/s: _____ City of Birth: _____ Date of Birth (DD/MM/YYYY): _____ Date and City of Marriage: _____ | Last Name: _____ First Name/s: _____ City of Birth: _____ Date of Birth (DD/MM/YYYY): _____ Date and City of Marriage: _____ |

| | |
|--|--|
| NATURALIZATION | NATURALIZATION |
| Certificate No.: | Certificate No.: |
| City: | City: |
| Date of Naturalization (DD/MM/YYYY): | Date of Naturalization (DD/MM/YYYY): |
| GRANDFATHER | GRANDMOTHER |
| Last Name: _____ First Name/s: _____ City of Birth: _____ Date of Birth (DD/MM/YYYY): _____ Date and City of Marriage: _____ | Last Name: _____ First Name/s: _____ City of Birth: _____ Date of Birth (DD/MM/YYYY): _____ Date and City of Marriage: _____ |
| NATURALIZATION | NATURALIZATION |
| Certificate No.: | Certificate No.: |
| City: | City: |
| Date of Naturalization (DD/MM/YYYY): | Date of Naturalization (DD/MM/YYYY): |
| FATHER | MOTHER |
| Last Name: _____ First Name/s: _____ City of Birth: _____ Date of Birth (DD/MM/YYYY): _____ Date and City of Marriage: _____ | Last Name: _____ First Name/s: _____ City of Birth: _____ Date of Birth (DD/MM/YYYY): _____ Date and City of Marriage: _____ |
| NATURALIZATION | NATURALIZATION |
| Certificate No.: | Certificate No.: |
| City: | City: |
| Date of Naturalization (DD/MM/YYYY): | Date of Naturalization (DD/MM/YYYY): |

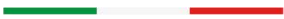
Attached (please mark appropriate box): FORM 2 (Declaration that I never renounced Italian citizenship, listing all my places of residence); FORM 3 and/or FORM4 (Declaration that my FATHER MOTHER GRANDFATHER GRANDMOTHER GREAT GRANDFATHER GREAT GRANDMOTHER never renounced Italian citizenship, listing all places of residence)

Il sottoscritto dichiara di aver preso visione dell'informativa sulla protezione dei dati personali riguardante i servizi di cittadinanza, ai sensi del Regolamento Generale sulla Protezione dei Dati (UE) 2016/679 – I, the undersigned, hereby declare that I read and understood the information about the protection of PII (personal identifiable information) with reference to citizenship services, in accordance with the General Rules on Data Protection (EU) 2016/679.

Dichiara, sotto la propria responsabilità, che quanto sopra scritto risponde a verità e di essere a conoscenza delle conseguenze penali previste nel caso di mendaci e false dichiarazioni (art. 76 del D.P.R. 28 dicembre 2000, n. 445) - I Declare, under penalty of perjury, that the above stated facts are true and that I am aware of the criminal penalties against those who make misleading or false statements (art 76 of Presidential Decree 445/2000).

DATE (DD/MM/YYYY): _____ SIGNATURE: _____

SIGNATURE MUST BE NOTARIZED. OTHERWISE, THIS DECLARATION MUST BE SIGNED BEFORE A CONSULAR OFFICER.



Embassy of Italy
Singapore

FORM 2

DECLARATION OF APPLICANT

THE UNDERSIGNED Last/First/ _____

Born in (City and State/Province) _____ On (DD/MM/YYYY): _____

Current Address: _____

Email: _____ Mobile: _____

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

THAT HE/SHE HAS NEVER RENOUNCED ITALIAN CITIZENSHIP BEFORE ANY ITALIAN AUTHORITY,
THAT HE/SHE, STARTING FROM THE AGE OF EIGHTEEN (18), HAS RESIDED IN:

| CITY, COUNTRY | PERIOD or APPROXIMATE NUMBER OF YEARS |
|---------------|---------------------------------------|
|---------------|---------------------------------------|

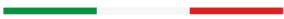
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Il sottoscritto dichiara di aver preso visione dell’informativa sulla protezione dei dati personali riguardante i servizi di cittadinanza, ai sensi del Regolamento Generale sulla Protezione dei Dati (UE) 2016/679 – I, the undersigned, hereby declare that I read and understood the information about the protection of PII (personal identifiable information) with reference to citizenship services, in accordance with the General Rules on Data Protection (EU) 2016/679.

Dichiara, sotto la propria responsabilità, che quanto sopra scritto risponde a verità e di essere a conoscenza delle conseguenze penali previste nel caso di mendaci e false dichiarazioni (art. 76 del D.P.R. 28 dicembre 2000, n. 445) - I Declare, under penalty of perjury, that the above stated facts are true and that I am aware of the criminal penalties against those who make misleading or false statements (art 76 of Presidential Decree 445/2000).

DATE(DD/MM/YYYY): _____ SIGNATURE: _____

SIGNATURE MUST BE NOTARIZED. OTHERWISE, THIS DECLARATION MUST BE SIGNED BEFORE A CONSULAR OFFICER.



Embassy of Italy
Singapore

FORM 3

DECLARATION OF LIVING ITALIAN ASCENDANT

THE UNDERSIGNED Last/First/ _____

Born in (City and State/Province) _____ On (DD/MM/YYYY): _____

Current Address: _____

Email: _____ Mobile: _____

(PLEASE CHECK THE APPROPRIATE BOX) FATHER MOTHER GRANDFATHER GRANDMOTHER
GREAT GRANFATHER GREAT GRANDMOTHER OF THE APPLICANT

THAT HE/SHE HAS NEVER RENOUNCED ITALIAN CITIZENSHIP BEFORE ANY ITALIAN AUTHORITY,
THAT HE/SHE, STARTING FROM THE AGE OF EIGHTEEN (18), HAS RESIDED IN:

| CITY, COUNTRY | PERIOD or APPROXIMATE NUMBER OF YEARS |
|---------------|---------------------------------------|
|---------------|---------------------------------------|

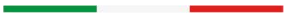
1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Il sottoscritto dichiara di aver preso visione dell’informativa sulla protezione dei dati personali riguardante i servizi di cittadinanza, ai sensi del Regolamento Generale sulla Protezione dei Dati (UE) 2016/679 – I, the undersigned, hereby declare that I read and understood the information about the protection of PII (personal identifiable information) with reference to citizenship services, in accordance with the General Rules on Data Protection (EU) 2016/679.

Dichiara, sotto la propria responsabilità, che quanto sopra scritto risponde a verità e di essere a conoscenza delle conseguenze penali previste nel caso di mendaci e false dichiarazioni (art. 76 del D.P.R. 28 dicembre 2000, n. 445) - I Declare, under penalty of perjury, that the above stated facts are true and that I am aware of the criminal penalties against those who make misleading or false statements (art 76 of Presidential Decree 445/2000).

DATE(DD/MM/YYYY): _____ SIGNATURE: _____

SIGNATURE MUST BE NOTARIZED. OTHERWISE, THIS DECLARATION MUST BE SIGNED BEFORE A CONSULAR OFFICER.



Embassy of Italy
Singapore

FORM 4

DECLARATION OF DECEASED ITALIAN ASCENDANT

THE UNDERSIGNED Last/First/ _____

Born in (City and State/Province) _____ On (DD/MM/YYYY): _____

Current Address: _____

Email: _____ Mobile: _____

DECLARES THAT

NAME OF ANCESTOR: _____

BORN IN: _____ DATE OF BIRTH (DD/MM/YYYY): _____

AND RELATED TO THE APPLICANTS (PLEASE CHECK THE APPROPRIATE BOX) FATHER MOTHER
GRANDFATHER GRANDMOTHER GREAT GRANFATHER GREAT GRANDMOTHER

NEVER RENOUNCED ITALIAN CITIZENSHIP BEFORE ANY ITALIAN AUTHORITY, AND THAT HE/SHE, STARTING FROM THE AGE OF EIGHTEEN (18), RESIDED IN:

| CITY, COUNTRY | PERIOD or APPROXIMATE NUMBER OF YEARS |
|---------------|---------------------------------------|
|---------------|---------------------------------------|

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Il sottoscritto dichiara di aver preso visione dell’informativa sulla protezione dei dati personali riguardante i servizi di cittadinanza, ai sensi del Regolamento Generale sulla Protezione dei Dati (UE) 2016/679 – I, the undersigned, hereby declare that I read and understood the information about the protection of PII (personal identifiable information) with reference to citizenship services, in accordance with the General Rules on Data Protection (EU) 2016/679.

Dichiara, sotto la propria responsabilità, che quanto sopra scritto risponde a verità e di essere a conoscenza delle conseguenze penali previste nel caso di mendaci e false dichiarazioni (art. 76 del D.P.R. 28 dicembre 2000, n. 445) - I Declare, under penalty of perjury, that the above stated facts are true and that I am aware of the criminal penalties against those who make misleading or false statements (art 76 of Presidential Decree 445/2000).

DATE(DD/MM/YYYY): _____ SIGNATURE: _____

SIGNATURE MUST BE NOTARIZED. OTHERWISE, THIS DECLARATION MUST BE SIGNED BEFORE A CONSULAR OFFICER.