

CONSUL GENERAL OF ITALY

2590 Webster Street

San Francisco, CA 94155

Subject: Recognition of Italian citizenship "jure sanguinis."

The undersigned <your name>, born <date of birth> and born in the <your city, your county, your state>, United State of America, resident at <your address, your city, your county, your state>, United States of America.

REQUESTS

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

DECLARES

that he is a descendant of:

-<name, born on the <day of Month, Year>, Trabia, Sicily, Italia

-<name, born on the <day of Month, Year>, City of <your city>, County of <your county>, State of <your state>, United States of America

--<name, born on the <day of Month, Year>, City of <your city>, County of <your county>, State of <your state>, United States of America

Further, neither he nor his father has ever renounced 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:

- 1) Certificato di Nascita of <name of grandfather>
- 2) Marriage License of <name of grandfather>
- 3) Italian translation of Marriage License of <name of grandfather>
- 4) Certificate of Death <name of grandfather>
- 5) Italian translation of Certificate of Death <name of grandfather>
- 6) A Certified Certificate of Nonexistence of Record for Certificate of Death <name of grandfather> stating that he never became a naturalized citizen of the United States of America
- 7) Standard Certificate of Birth <name of father>
- 8) Italian translation of Standard Certificate of Birth <name of father>
- 9) Certificate of Registry of Marriage of <name of father>
- 10) Italian translation Certificate of Registry of Marriage of <name of father>
- 11) Certified Birth Certificate of <your name>
- 12) Italian translation Certified Birth Certificate of <your name>
- 13) Certificate of Registry of Marriage <your name>
- 14) Italian translation Certificate of Registry of Marriage <your name>

Dated:

Signature of Declarant