TO THE CONSULATE GENERAL OF ITALY IN MONTREAL

APPLICATION FOR THE RECOGNITION OF THE ITALIAN CITIZENSHIP BY BIRTH

Last name and name…….

Place and date of birth……..

Address……..

……

Tel…….

Status: single married divorced widow/widower

If married, place and date of marriage……..

Spouse's complete name……..

Date and place of birth……..…

Children (under 18)

1. …… …….
Complete name date and place of birth

2. …… …….
Complete name date and place of birth

3. …… …….
Complete name date and place of birth

APPLICANT'S PARENTS

FATHER …… ……..
Complete name date and place of birth

Father…… Mother ……..

Town of last residence in Italy ……..

Citizenship …….. since ……..

MOTHER …… ……..
Complete name date and place of birth

Father…… Mother ……..

Town of last residence in Italy ……..

Citizenship …….. since ……..

Parents' date and place of marriage …….

Montreal, ……. …….
Date Signature