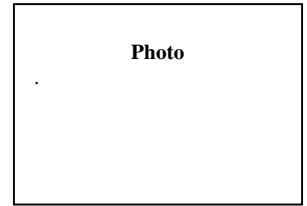




**Consulate General of Italy  
Boston**



**Application for National Visa (D)**  
This application form is free

1. Surname (s) (family name(s) ) (x)				<p align="center">.....</p> <p align="center"><b>FOR EMBASSY /CONSULATE USE ONLY</b></p>	
2. Surname(s) at birth (former family name(s)) (x)					
3. First names (given names) (x)					
4. Date of birth (day-month-year) .....		5. Place of birth/.....  6. Country of birth/.....		7. Current nationality .....  Nationality at birth, if different: .....	
8. Sex/..... <input type="checkbox"/> Male <input type="checkbox"/> Female		9. Marital status/..... <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/er <input type="checkbox"/> Other (please specify)/.....(.....).....			
10. In the case of minors: Surname, first name, address (if different from applicant's) and nationality of parental authority/ legal guardian/.....					
11. National Identity number, where applicable/.....					
12. Type of travel document/..... <input type="checkbox"/> Ordinary passport <input type="checkbox"/> Diplomatic passport <input type="checkbox"/> Service passport <input type="checkbox"/> Official passport <input type="checkbox"/> Special passport. <input type="checkbox"/> Other travel document (please specify)					
13. Number of travel document/.....		14. Date of issue.....	15. Valid until.....		16. Issued by.....
17. Applicant's home address and e-mail address .....				Telephone number (s)/.....	
18. Residence in a country other than the country of current nationality/..... <input type="checkbox"/> No <input type="checkbox"/> Yes. Residence permit or equivalent/ ..... No..... Valid until/.....					
19. Current occupation/.....					
20. Employer and employer's address and telephone number. For students, name and address of educational establishment. .....					
21. Main Purpose(s) of the journey/..... <input type="checkbox"/> Family reunion/Visiting Family <input type="checkbox"/> Sports <input type="checkbox"/> Business <input type="checkbox"/> Diplomatic <input type="checkbox"/> Religious <input type="checkbox"/> Medical treatment <input type="checkbox"/> Study <input type="checkbox"/> Adoption <input type="checkbox"/> Employment <input type="checkbox"/> Self employment <input type="checkbox"/> Other (please specify)					
Date of application:					
Visa application number:					
Application lodged at: <input type="checkbox"/> Embassy/Consulate <input type="checkbox"/> City hall CAC <input type="checkbox"/> Service provider <input type="checkbox"/> Commercial Intermediary <input type="checkbox"/> Other					
Name:					
File handled by:					
Name of person who received file at window:					
Supporting documents: <input type="checkbox"/> Travel document <input type="checkbox"/> Means of substance <input type="checkbox"/> Invitation <input type="checkbox"/> Means of transport <input type="checkbox"/> Travel Health insurance <input type="checkbox"/> Other					
Visa decision: <input type="checkbox"/> Refused <input type="checkbox"/> Refused for SIS non cancellable. <input type="checkbox"/> Suspended File <input type="checkbox"/> Issued					
Type of visa: <input type="checkbox"/> D  <input type="checkbox"/> Valid: from ..... until.....					
Number of entries: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Multiple					

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(x) In fields from 1 to 3 information must be inserted as it appears on travel documents.

22. City of destination	23. State of first entry	
24. Number of entries requested/ .....: <input type="checkbox"/> One/..... <input type="checkbox"/> Two/..... <input type="checkbox"/> Multiple/.....	25. Duration of the stay. Indicate number of days (max. 365 days) / .....:	
26. Schengen visas issued during the past three years / .....: <input type="checkbox"/> No/... <input type="checkbox"/> Yes. Date(s) of validity / ..... from/..... to /.....		
27. Fingerprints taken previously for the purpose of applying for a Schengen visa .....: <input type="checkbox"/> No/... <input type="checkbox"/> Yes/... Date, if known/.....		
28. Number of no objection document issued for family reunification/accompanying family/employment (only in case where required by legislation governing the type of being requested)/ ..... Issued by SUI of / ..... Valid from/..... until/.....		
29. Intended date of arrival in the Schengen area .....	30. Intended date of departure from the Schengen area (only for visas valid for stays of between 91-364 days) .....	
31. Surname and first name of the inviting person or employer. If not applicable, in case of visa for Adoption, Religious reasons, Medical reasons, Sports, Study, Mission: address of institution in Italy. .....		
Address and e-mail address of inviting person(s) or employer .....	Telephone and fax of inviting person(s) or employer.....	
32. Name and address of inviting company/organisation /.....	Telephone and fax of company/organisation .....	
Surname and first name, address, telephone, fax and e-mail address of contact person in company/organisation/ .....		
33. Cost of travelling and living expenses is covered by /.....:		
<input type="checkbox"/> by the applicant himself/herself/ .....  <b>Means of support/.....:</b>  <input type="checkbox"/> Cash/..... <input type="checkbox"/> Traveller's cheques/..... <input type="checkbox"/> Credit card/..... <input type="checkbox"/> Prepaid accommodation/..... <input type="checkbox"/> Prepaid transport/..... <input type="checkbox"/> Other (please specify)/.....  STATEMENT NOT NECESSARY FOR FOLLOWING VISAS: Family reunion, Accompanying Family, Employment/Self-employed, Business, Diplomatic, Adoption.	<input type="checkbox"/> by sponsor (host, company, organisation), specify/ ..... :..... Referred to in field 31 or 32 / .....  <input type="checkbox"/> other (please specify)/.....:  <b>Means of support/.....:</b>  <input type="checkbox"/> Cash/..... <input type="checkbox"/> Accommodation provided..... <input type="checkbox"/> All expenses covered during the stay/..... <input type="checkbox"/> Prepaid transport/..... <input type="checkbox"/> Other (please specify)/ .....(.....):.....	

34. Personal data of the family member who is an EU, SEE or CH citizen / .....		
Surname / .....		First name(s) / .....
Date of birth / .....	Nationality / .....	Number of travel document or ID card .....
35. Family relationship with an EU, SEE or CH citizen/ .....		
<input type="checkbox"/> spouse/..... <input type="checkbox"/> child/ ...../.. <input type="checkbox"/> other direct descendant/..... <input type="checkbox"/> dependent ascendant/.....		
36. Place and date / .....		37. Signature (for minors, signature of parental authority/legal guardian)/ ..... (.....)

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**I am aware that the visa fee is not refunded if the visa is refused.**  
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**I am aware of and consent to the collection of the data required by this application form and the taking of my photograph and, if applicable, the taking of fingerprints. I understand these, are mandatory for the examination of the visa application. Any personal data concerning me which appear on the visa application form, as well as my fingerprints and my photograph, will be supplied to the relevant Italian authorities and processed by those authorities , for the purposes of a decision on my visa application.**  
**Such data, as well as data concerning the decision taken on my application or a decision whether to annul, revoke or extend a visa issued will be entered, and stored in the Information System of this Consulate General, and the Ministry of Foreign Affairs. Such data will be accessible to the competent Italian visa authorities. It will be accessible to the competent Schengen authorities in order to check on visas at external borders and within the Member States, immigration and asylum authorities in the Member States for the purposes of verifying whether the conditions for the legal entry into, stay and residence in the territory the Member States are fulfilled, of identifying persons who do not or who no longer fulfil these conditions, of examining an asylum application and of determining responsibility for such examination. Under certain conditions the data will also be accessible to authorities designated by the Member States and to Europol for the purpose of the prevention, detection and investigation of terrorist offenses and of other serious criminal offenses..**

**I am aware that I have the right to obtain the data transmitted relating to me recorded in the information systems and to request that data relating to me which are inaccurate be corrected and that data relating to me processed unlawfully be deleted. At my express request , the authority examining my application will inform me of the manner in which I may exercise my right to check the personal data concerning me and have them corrected or deleted, including the related remedies according to the national law.**  
**The national controlling Authority is the Guarantor of protection of personal data.**

**I declare that to the best of my knowledge all information supplied by me are complete and correct. I am aware that any false statements will lead to my application being rejected or to the annulment of a visa already granted and may also render me liable to prosecution under the law of the Representative country under State legislation (articolo 331 c.p.p.).**  
**The mere fact that a visa has been granted to me does not mean that I will be entitled to compensation if I fail to comply with the relevant provisions of Article 5, paragraph 1 of Regulation (EU) No. 562/2006 (Schengen Borders Code) and of Article 4 of D.Lgs. 286/98 and I am therefore refused entry.**

**ANNOTATIONS** (Office use only)  
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**Place and date / .....**

**Signatures (for minors, signature of parental authority/legal guardian)**  
/ .....