



Consulate General of Italy - San Francisco

PHOTOGRAPH

BE SURE TO WRITE LEGIBLY!!!

**National (D) visa application form**  
This form is free of charge

|   |  |   |  |   |  |  |
|---|--|---|--|---|--|--|
| 1. Surname (Family name)/ (x)   |  |   |  | For official use only                           |  |  |
| 2. Surname at birth (Former family name(s)) / (x)   |  |   |  |   |  |  |
| 3. First name(s) / (x)  |  |   |  |   |  |  |
| 4. Date of birth (day-month-year)   |  | 5. Place of birth   |  | 7. Current nationality                          |  | Data della domanda:  |
|   |  | 6. Country of birth   |  | Nationality at birth, if different              |  |  |
| 8. Sex:<br><input type="checkbox"/> Male<br><input type="checkbox"/> Female.  |  | 9. Marital status:<br><input type="checkbox"/> Single<br><input type="checkbox"/> Separated<br><input type="checkbox"/> Married<br><input type="checkbox"/> Widowed<br><input type="checkbox"/> Divorced<br><input type="checkbox"/> Other (please specify) |  |   |  | Domanda presentata presso:<br><input type="checkbox"/> Ambasciata/Consolato<br><input type="checkbox"/> Centro comune<br><input type="checkbox"/> Fornitore di servizi<br><input type="checkbox"/> Intermediario commerciale<br><input type="checkbox"/> Altro   |
| 10. For minors: surname, first name, address (if different from the applicant's) and nationality of parental authority/legal guardian:  |  |   |  |   |  | Nome:  |
| 11. National identity number, where applicable:   |  |   |  |   |  | Responsabile della pratica:  |
| 12. Type of travel document:<br><input type="checkbox"/> Ordinary passport<br><input type="checkbox"/> Service passport.<br><input type="checkbox"/> Special passport<br><input type="checkbox"/> Other travel document (please specify):<br><input type="checkbox"/> Diplomatic passport<br><input type="checkbox"/> Official passport |  |   |  |   |  | Nome di chi ha ricevuto la pratica allo sportello:   |
| 13. Number of travel document   |  | 14. Date of issue.(day-month-yr)  |  | 15. Valid until (day-month-yr)                  |  | Documenti giustificativi:<br><input type="checkbox"/> Documento di viaggio<br><input type="checkbox"/> Mezzi di sussistenza<br><input type="checkbox"/> Invito<br><input type="checkbox"/> Mezzi di trasporto<br><input type="checkbox"/> Assicurazione sanitaria di viaggio<br><input type="checkbox"/> Altro |
| 16. Issued by   |  |   |  | 17. Applicant's home address and e-mail address |  | Decisione relativa al visto:<br><input type="checkbox"/> Rifiutato<br><input type="checkbox"/> Rifiutato per segnalazione SIS non cancellabile.<br><input type="checkbox"/> Pratica Sospesa<br><input type="checkbox"/> Rilasciato   |
| 18. Are you residing in a country other than the country of your current nationality:<br><input type="checkbox"/> No<br><input type="checkbox"/> Yes. Residence permit or equivalent:.....N..... Valid until .....  |  |   |  | Telephone number(s)                             |  | Tipo di visto:<br><input type="checkbox"/> D   |
| 19. Current occupation  |  |   |  |   |  | <input type="checkbox"/> Valido:<br>dal .....  |
| 20. Employer, employer's address and telephone number. For students, name and address of educational institution.   |  |   |  |   |  |  |

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| <b>21. Purpose of travel:</b><br><br><div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> <input type="checkbox"/> Joining family member/ Accompanying family member<br/> <input type="checkbox"/> Religious activity      <input type="checkbox"/> Sport      <input type="checkbox"/> Mission<br/> <input type="checkbox"/> Medical reasons      <input type="checkbox"/> Study      <input type="checkbox"/> Adoption<br/> <input type="checkbox"/> Autonomous work      <input type="checkbox"/> Other (specify)/..... </div> <div style="width: 50%;"> <input type="checkbox"/> Diplomatic<br/> <input type="checkbox"/> Subordinate work </div> </div> |  | al.....<br><br><b>Numero di ingressi:</b><br><input type="checkbox"/> 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> Multipli |
|---|--|--|

*(x) Provide the information as indicated in the travel document.*

|   |   |  |
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| <b>22. City of destination</b><br><br>  | <b>23. Schengen country of first entry</b><br><br>  |  |
| <b>24. Number of entries requested:</b><br><input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Multiple.   | <b>25. Duration of stay. Indicate the number of days (max. 365 days)</b><br><br>  |  |
| <b>26. Schengen visas issued in the past three years:</b><br><input type="checkbox"/> None<br><input type="checkbox"/> Yes. Date(s) of validity: from ..... to .....  |   |  |
| <b>27. Fingerprints previously taken for a Schengen visa application:</b><br><br><input type="checkbox"/> No <input type="checkbox"/> Yes. Indicate date if known: .....  |   |  |
| <b>28. Number of the Nullaosta issued for a Joining family member visa/Accompanying family member visa/ Subordinate work visa (only when required by the regulations governing the type of visa requested).....</b><br><br>Issued by the SUI of the city of ..... Valid from .....until.....  |   |  |
| <b>29. Intended date of arrival in the Schengen area</b><br><br>  | <b>30. Intended date of departure from the Schengen area (only for visas valid from 91days to 364 days)</b><br><br>   |  |
| <b>31. Name of the person who requested the family reunion visa, or the name of the employer. Indicate your address in Italy, if it is visa for Adoption, Religious Activities, Medical Reasons, Sport, Study, Mission.</b><br><br>   |   |  |
| <b>Address and e-mail address of the person(s) who requested the family reunion visa, or the name of the employer.</b><br><br>  | <b>Telephone number and fax number of the person(s) who requested the family reunion visa, or the name of the employer.</b><br><br>   |  |
| <b>32. Name and address of the inviting company/ organization.</b><br><br>  | <b>Telephone number and fax number of the company/ organization..</b><br><br>   |  |
| <b>Name, address, telephone number, fax number and e-mail address of the contact person of the company/ organization.</b><br><br>   |   |  |
| <b>33. The applicant's expenses for travel and stay are the responsibility of:</b>  |   |  |
| <input type="checkbox"/> the applicant.<br><br><b>Means of support:</b><br><input type="checkbox"/> Cash<br><input type="checkbox"/> Traveller's cheques<br><input type="checkbox"/> Credit cards<br><input type="checkbox"/> Prepaid accomodation<br><input type="checkbox"/> Prepaid transportation<br><input type="checkbox"/> Other (specify) .....<br><br>INFORMATION NOT NECESSARY FOR THE FOLLOWING VISAS:<br>Joining Family Member, Accompanying Family Member, Subordinate Work, Autonomous Work, Mission, Diplomatic, Adoption. | <input type="checkbox"/> of the sponsor (host, company, organization), specify: .....<br>.....<br>referred to in field n. 31 or 32.<br><br><input type="checkbox"/> other (specify) .....<br><br><b>Means of support:</b><br><input type="checkbox"/> Cash<br><input type="checkbox"/> Accommodation provided<br><input type="checkbox"/> All expenses covered during the stay..<br><input type="checkbox"/> Prepaid transportation<br><input type="checkbox"/> Other (specify) ..... |  |



[illegible]

|              |   |
|--------------|---|
| <b>Place</b> | <b>Signature</b><br>(Signature of parent or legal guardian if applicant is a minor) |
| <b>Date</b>  |   |