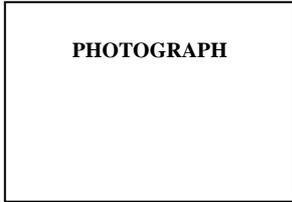




Consulate General of Italy – Los Angeles



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

1. Surname (Family name) / (x)
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
6. Country of birth
7. Current nationality
8. Sex: Male/Female
9. Marital status: Single/Married/Divorced/Widow(er)/Other
10. For minors: surname, first name, address (if different from the applicant's) and nationality of parental authority/legal guardian:
11. National identity number, where applicable:
12. Type of travel document: Ordinary/Diplomatic/Service/Special/Other
13. Numer of travel document
14. Date of issue.(day-month-yr)
15. Valid until (day-month-yr)
16. Issued by
17. Applicant's home address and e-mail address
Telephone number(s)
18. Are you residing in a country other than the country of your current nationality:
19. Current occupation
20. Employer, employer's address and telephone number. For students, name and address of educational institution.
21. Purpose of travel:
Joining family member/ Accompanying family member
Religious activity
Medical reasons
Autonomous work
Sport
Study
Other (specify)/.....
Mission
Adoption
Diplomatic
Subordinate work

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

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

