

ITALIAN CITIZENSHIP ASSISTANCE PROGRAM
A Division of Bridging Worlds, LLC
3295 N. Arlington Heights Rd., Ste 114 Arlington Heights, IL 60004
Toll Free: 888-604-1970 Email info@icapbridging2worlds.com

ITALIAN CITIZENSHIP FOR SPOUSES
(Please Print)

Name: _____

Address: _____

Phone: _____ email: _____

LIST OF SERVICES:

Procurement of Italian Records for your Application

- Marriage Record issued by Italian Municipality (Atto di Matrimonio)

Professional Translation of the following American Documents:

- US Birth Certificate with Apostille
- Certificate of Residence
- State and County Police Clearance
- FBI Clearance

Procurement of US Vital Records and Apostille

- Procure your Italian Marriage Certificate
- Obtain your Certified US Birth Record with Apostille
- Apostille for Police Clearances
- Professional Translation

Marital Information:

First Name of Spouse: _____ Maiden Name: _____

Date of Marriage: _____

Location of Marriage: _____
(City/State if in US or Town/Province if in Italy)

Italian Comune/Town: _____
(Where Registered in Italy)

Consulate Jurisdiction: _____ Appointment Date: _____

ICAP SPOUSAL ORDER FORM

Please note: Before ordering, make sure that your Italian Spouse is registered at the Italian Consulate of the Jurisdiction in which you legally reside and that the marriage is registered at the Municipality in Italy. In addition, the Criminal Background checks have a deadline therefore you should contact the Consulate in advance to determine an appointment date.

Check all items that you are ordering from the list below:

Italian Document:

_____ Marriage Certificate from Italian Comune
\$115.00

Professional Translation (*check all documents that you are ordering*)

_____ Birth Certificate
\$60.00

_____ Certificate of Residence
\$65.00

_____ Police and FBI Clearance (*list total number of documents for translation*)
\$70.00 per page

_____ Authentication of Translation if Required by your Consulate
\$35.00 with Apostille \$125.00

U.S. Birth Record Procurement:

_____ Birth Certificate with Apostille:
\$205.00

First Name: _____ Middle Name: _____ Surname: _____

Date of Birth: _____ Name of Hospital: _____

City, County/Borough, State of Birth: _____

Father's Name: _____ Mother's Name (include maiden): _____

Apostille of Police Clearance:

_____ **Documents** (*list number of Police Clearances FBI clearance is not Apostilled*)
\$89.00 per Apostille

Total cost of services ordered from ICAP: \$ _____

Continue on next page

**ICAP
PAYMENT INFORMATION**

<input type="checkbox"/>	Personal Check, check # _____ or Money Order # _____ Payable to " ICAP "
<input type="checkbox"/>	Credit Card # (VISA, MC, or AMEX) _____ Exp. Date _____
Cardholder's address: _____	

Order by Mail:

ICAP, 3295 N. Arlington Heights Rd, Ste 114, Arlington Heights, IL 60004

Order by Fax:

Include a cover sheet: 1-847-253-0295

Orders are confirmed upon receipt and full refunds are given if the order is cancelled within 24 hours.