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**CIE 1**

# ASSENSO DELL’ALTRO GENITORE DEI FIGLI MINORENNI

#### CONSENT FORM TO BE COMPLETED BY THE OTHER PARENT OF CHILDREN UNDER 18

Dichiarazione sostitutiva di certificazioni (Art.46 D.P.R. 445 del 28/12/2000)

**Il/La sottoscritto/a** consapevole delle sanzioni penali, nel caso di dichiarazioni non veritiere e falsità negli atti, richiamate dall’art.76 D.P.R.445 del 28/12/2000

***The undersigned****, being fully aware of the criminal penalties imposed for making false declarations,*

*as per art. 76 of Presidential Decree no. 445 of 28/12/2000,*

**DICHIARA / *HEREBY DECLARE THE FOLLOWING*:**

**Il/La Sottoscritto/a** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Undersigned COGNOME *- DA NUBILE PER LE SIGNORE -* (Surname - *Maiden name for ladies* -) NOME (First name/s)

**nato/a a­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **il**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of birth CITTA’ E PROVINCIA (Town and County) date of birth day-month-year

**Indirizzo di residenza**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of residency VIA E NUMERO CIVICO (Street and house/flat number)

\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CITTA’ E PROVINCIA (Town and County) CODICE POSTALE (Post Code)

***genitore dei seguenti figli minorenni/parent of the following children under the age of 18:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **COGNOME** (Surname) |  **NOME** (First name) |  **NATO/A A (**place of birth) | **IL** (date of birth) | **Sesso**(Sex) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**acconsente che sia rilasciata la CIE - Carta Identità Elettronica valida per l’espatrio**

*Hereby give my consent for the issue of their CIE – Electronic Identity Card valid for travelling abroad*

**al/alla:**

*to:*

**Sig/Sig.ra** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mr/Miss/Mrs COGNOME *- DA NUBILE PER LE SIGNORE-* (Surname - *Maiden name for ladies* -) NOME (First name/s)

**nato/a a­­­­­­­­­­­­­­­­­­­­­­­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **il**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

place of birth CITTA’ E PROVINCIA (Town and County) date of birth day-month-year

**Indirizzo di residenza**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address VIA E NUMERO CIVICO (Street and house/flat number)

\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CITTA’ E PROVINCIA (Town and County) CODICE POSTALE (Post Code)

***Data***\_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ ***Firma del genitore che rilascia l’assenso***

*Date*

***Signature of the other parent giving consent***

**Si allega documento di identita’, in originale o fotocopia, con foto e firma.**

*I enclose my photographic identification document (original or photocopy) including my signature.*