

SOGGIORNO APPLICATION WORKSHEET (One form completed per dependent)

APPLICANT'S INFORMATION (NOTE: Active duty personnel ARE NOT applicants)

NAME Above: (Last, First, Middle as it is written on the Passport – not from the ID card unless it is the same)

PLACE OF BIRTH: _____ DATE OF BIRTH: Day _____ Month _____ Year _____

MARITAL STATUS: (check one) SINGLE MARRIED DIVORCED SEPARATED CITIZENSHIP: _____

(HOR Complete Stateside Address or country of Origin Address)

Via _____

(Complete Italian Street Address, not the APO address. Include the street, the town and the province)

DATE YOU ENTERED ITALY: _____ PORT OF ENTRY (check one): VENEZIA BRENNERO VERONA MILANO

Other Port of Entry: _____

PASSPORT NO: _____ PLACE OF ISSUE: (Check one) WASH. D.C. OTHER: (Name) _____

DATE OF ISSUE: Day _____ Month _____ Year _____ EXPIRATION DATE: Day _____ Month _____ Year _____

VISA NO: _____ ISSUED BY CONSOLATO D'ITALIA: _____

MISSIONE VISA: (check one) YES NO FOR HOW MANY DAYS _____

DATE VISA ISSUED: Day _____ Month _____ Year _____ DATE VISA EXPIRES: Day _____ Month _____ Year _____

CELL PHONE NO: _____ E-MAIL ADDRESS: _____

How tall are you: _____ your hair color: _____ your profession: _____

Your eye color: _____ your educational level: _____

FATHER'S FIRST AND LAST NAME; MOTHER'S FIRST AND MAIDEN NAME: _____

SPONSOR INFORMATION (OR SELF SPONSOR)

NAME Above: (Last, First, Middle as it is written on the Passport – not from the ID card unless it is the same)

GRADE: _____ CITIZENSHIP: _____ CELL PH NO: _____

UNIT ASSIGNED OR PLACE OF EMPLOYMENT: _____ APO BOX NO: _____

DUTY WORK PHONE NO: _____ HOME PHONE NO: _____

DEROS/DATE OF DEPARTURE FROM ITALY: Day _____ Month _____ Year _____

PLACE OF BIRTH: _____ DATE OF BIRTH: Day _____ Month _____ Year _____

E-MAIL ADDRESS: _____

DEPENDENT INFORMATION (List Children under 14 OR Spouse of Civilian Employee)

1. NAME Above: (Last, First, Middle as it is written on the Passport – not from the ID card unless it is the same)

PLACE OF BIRTH: _____ DATE OF BIRTH: Day _____ Month _____ Year _____

2. NAME Above: (Last, First, Middle as it is written on the Passport – not from the ID card unless it is the same)

PLACE OF BIRTH: _____ DATE OF BIRTH: Day _____ Month _____ Year _____

3. NAME Above: (Last, First, Middle as it is written on the Passport – not from the ID card unless it is the same)

PLACE OF BIRTH: _____ DATE OF BIRTH: Day _____ Month _____ Year _____