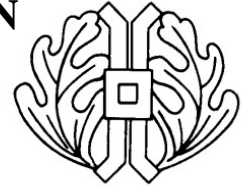




PERMESSO DI SOGGIORNO APPLICATION

U.S. Region Legal Service Office, Europe, Africa, Southwest Asia
Detachment Sigonella Civil Law Department
DSN 314-624-5056/5247 - COMM 39-095-86-5056/5247
Sigonella.Legal@eu.navy.mil
All Services By Appointment Only



Applicant's Background Information

(Person Applying for Soggiorno Permit)

APPLICANT'S
LAST NAME: _____
(as shown on passport)

MAIDEN/
FORMER NAME: _____

FIRST NAME: _____

MIDDLE
NAME(S): _____ SEX: M F

BIRTHPLACE: _____ DOB: _____
city state or province country dd/mm/yyyy

CITIZENSHIP (check one):

- U.S.A
- U.S.A NATURALIZED
- OTHER (SPECIFY BELOW)

CIVIL STATUS (check one):

- MARRIED
date of marriage (dd/mm/yyyy): _____
- NEVER MARRIED
- DIVORCED
- SEPARATED
- WIDOWED

HOME OF RECORD: _____
city state country

ADDRESS IN ITALY (not PSC address): _____

() NO PERMANENT ADDRESS IN ITALY YET (provide RLSO with your permanent address as soon as possible)

HOME PHONE: _____ MOBILE PHONE: _____

WORK PHONE: _____ EMAIL ADDRESS: _____

DATE OF ENTRY INTO ITALY: dd/mm/yy _____ PROJECTED
ROTATION DATE: mm/yyyy _____

PORT OF ENTRY: NAS SIGONELLA CATANIA AIRPORT OTHER _____

Civilian Employment Information

NATURE OF U.S. GOVERNMENT EMPLOYMENT: NONE
EMPLOYEE (GS / NAFI / ETC.)
CONTRACTOR
OTHER _____

EMPLOYER'S NAME: _____ EMPLOYER'S TELEPHONE: _____

SUPERVISOR'S NAME: _____ SUPERVISOR'S TELEPHONE: _____

Sponsor's Background Information

(Active Duty Member / US Government Employee / US Government Contractor)

SPONSOR'S
LAST NAME: _____
(as shown on passport)

MAIDEN/
FORMER NAME: _____

FIRST NAME: _____

MIDDLE
NAME(S): _____

SEX: _____
M F

BIRTHPLACE: _____ DOB: _____
city, state or province, country dd/mm/yyyy

RANK/RATE: _____ COMMAND/DEPT: _____ DIVISION: _____

WORK PHONE: _____ WORK EMAIL: _____

APPLICANT'S RELATIONSHIP
TO SPONSOR (check one):

SPOUSE CHILD
PARENT STEPCHILD
OTHER (specify below) LEGAL WARD

SPONSOR'S
CITIZENSHIP (check one):

U.S.A
U.S.A NATURALIZED
OTHER (specify below)

Additional Dependents Residing with you in Italy

FIRST NAME:	LAST NAME:	BIRTHPLACE	DOB (dd/mm/yy)
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____

Privacy Act Statement

Authority. 44 U.S.C. section 3101, 5 U.S.C. section 301.

Principal Purposes. The information solicited is intended for the following purposes:

- Preparation and submission of Foreigner's Permits of Stay (Permessi di soggiorno per stranieri).
- Determinations on the status of personnel regarding entitlement to command sponsorship, dependent entry approval, and recognition as members of the civilian component of the U.S. Armed Forces in Italy with accompanying benefits.
- Evaluation of petitions, grievances, and complaints.
- Other determinations as required in the course of naval administration.

Routine Uses. Additionally, the information in Soggiorno files is sometimes provided to agencies of the Department of Justice and to State or local law enforcement and court authorities for use in connection with civilian criminal and civil court proceedings.

Mandatory/Voluntary Disclosure, Consequences of Refusing to Disclose. Disclosure is VOLUNTARY. Failure to disclose requested information or sign this form may result in a loss of status as a member of the civilian component of the U.S. Armed Forces, loss of accompanying benefits, and deportation from Italy by Italian Immigrations authority.

Revised - Jan. 2021