



Original text

Contribute a better translation

DECLARATION OF RESIDENCE

☐ Declaration of residence from another municipality. Indicate the municipality of

ORIGIN:

☐ Declaration of residence from abroad. Indicate the foreign country of

ORIGIN:

☐ Declaration of residence of Italian citizens registered with AIRE (Registry of Italians resident abroad) coming from abroad. INDICATE THE FOREIGN STATE OF ORIGIN AND THE MUNICIPALITY OF REGISTRATION AIRE:

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☐ Registration for another reason
(specify the reason

To the Registry Office of the Municipality of TRIESTE

THE UNDERSIGNED

1) Surname *

First name*

Date of birth *

Birth place *

Citizenship*

Fiscal Code*

Sex*

Marital status **

Occupational position if employed: **

Business owner

Manager

Worker

Worker

Self-employed ☐ 1

Employee ☐ 2

on their own ☐ 3 and similar ☐ 4

Adjuvant ☐ 5

Unprofessional Condition: **

Casilinga ☐ 1 Student ☐ 2 Unemployed / looking for a first job ☐

3

Retired / Retired from work ☐ 4 Other non-professional status ☐ 5

Educational qualification: **

No title / Lic. Elementary

☐ 1

Lic. Media

☐ 2

Diploma

☐ 3

Graduation

three-year ☐ 4 Degree ☐ 5 Doctorate ☐ 6

Driving license type ***

Number***

Release date***

Issuing agency ***

Province of***

Vehicle plates registered in Italy as owner / co-owner,
usufructuary / tenant ***

Vehicles ***

Trailers ***

Motorcycles ***

Mopeds ***

Aware of the criminal responsibilities for false declarations pursuant to

art. 75 and 76 of Presidential Decree 445/2000 which provide for the forfeiture of benefits and the obligation to report to the competent authority .

DECLARES

☐ You have transferred your usual residence to the following address:

Common*

Province*

Piazza way *

House number*

Ladder

Plan

Indoor

☐ that the family members subsequently moved to the house located at the new address specified:

2) Surname *

First name*

Date of birth *

Birth place *

Citizenship*

Fiscal Code*

Sex*

Marital status **

Occupational position if employed: **

Business owner

Manager

Worker

Worker

Self-employed ☐ 1

Employee ☐ 2

on your own ☐ 3

and similar ☐ 4

Adjuvant ☐ 5

Unprofessional Condition: **

Casilinga ☐ 1 Student ☐ 2 Unemployed / in

looking for a first job ☐ 3

Retired / Retired from work ☐ 4

Other non-professional condition ☐ 5

Educational qualification: **

No title / Lic. Elementary ☐ 1 Middle Lic. ☐ 2 Diploma

☐ 3 Three-year degree

☐ 4 Degree ☐ 5 Doctorate ☐ 6

Driving license type ***

Number***

Release date***

Issuing agency ***

Province of***

Vehicle plates registered in Italy as owner / co-owner, usufructuary / tenant ***

Vehicles ***

Trailers ***

Motorcycles ***

Mopeds ***

3) Surname *

First name*

Date of birth *

Birth place *

Citizenship*

Fiscal Code*

Sex*

Marital status **

Occupational position if employed: **

Business owner

Manager

Worker

Worker

Self-employed ☐ 1

Employee ☐ 2

on their own ☐ 3 and similar ☐ 4

Adjuvant ☐ 5

Unprofessional Condition: **

Casilinga ☐ 1 Student ☐ 2 Unemployed / looking for a first job ☐ 3

Retired / Retired from work ☐ 4 Other non-professional status ☐ 5

Educational qualification: **

No title / Lic. Elementary ☐ 1

Lic. Media ☐ 2

Diploma ☐ 3

Graduation

three-year ☐ 4 Degree ☐ 5 Doctorate ☐ 6

Driving license type ***

Number***

Release date***

Issuing agency ***

Province of***

Vehicle plates registered in Italy as owner / co-owner, usufructuary / tenant ***

Vehicles ***

Trailers ***

Motorcycles ***

Mopeds ***

4) Surname *

First name*

Date of birth * Birth place *

Citizenship* Fiscal Code*

Sex* Marital status **

Occupational position if employed: **

Business owner Manager Worker Worker

Self-employed ☐ 1 Employee ☐ 2 on their own ☐ 3 and similar ☐ 4

Adjuvant ☐ 5

Unprofessional Condition: **

Casilinga ☐ 1 Student ☐ 2 Unemployed / looking for a first job ☐ 3

Retired / Retired from work ☐ 4 Other non-professional status ☐ 5

Educational qualification: **

No title / Lic. Elementary ☐ 1 Lic. Media ☐ 2 Diploma ☐ 3 Graduation

three-year ☐ 4 Degree ☐ 5 Doctorate ☐ 6

Driving license type ***

Number***

Release date***

Issuing agency *** Province of***

Vehicle plates registered in Italy as owner / co-owner, usufructuary / tenant ***

Vehicles ***

Trailers ***

Motorcycles ***

Mopeds ***

- ☐ That the following people are already registered in the house located at the new address (è just specify the personal details of a family member):

Surname * First name *

Place * Date of birth *

There are no relationships of marriage, kinship, affinity, adoption, protection o emotional ties with the members of the family already resident.

There is the following constraint with respect to aforementioned family member already resident:

Signature of the aforementioned person :

The following documents are attached :

- ☐ copy of the identity document of all those who sign this declaration

☐ other

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he also declares

- ☐ To legitimately occupy the house based on the title described below,
aware that, pursuant to art. 5 of Legislative Decree No. 47 of 28.3.2014 (converted into
law 23.5.2014 n.80), in the event of a false declaration, the registry registration
will be void, by express provision of the law, with effect from the date of the
statement itself

- ☐ **1** To be an owner

House distinguished by the following cadastral details:

Section ; sheet ;

parcel or map ; subordinate

- ☐ **2** To be the holder of the duly registered lease

at the Inland Revenue of

on under no.

- ☐ **3** To be the holder of a lease contract relating to a building property

Public Residential

(attach a copy of the contract or the delivery report of the property)

- ☐ **4** To be a borrower with a regular free loan agreement

registered with the Revenue Agency of.

on under no.

- ☐ **5** To be a usufructuary, by virtue of the following constitutive title:

Indicate useful data to allow verification by the Registry Office

.....
.....
.....

- ☐ **6** To legitimately occupy the house based on the title described below :

Indicate useful data to allow verification by the Registry Office

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.....
.....

- ☐ All communications relating to this declaration must be sent to following contact details:

Common	province
Piazza way	House number
Phone	Mobile phone
Fax	e-mail / Pec

Date

Applicant's signature

Signature of the other adult members of the family

Surname and name signature

Surname and name signature

Surname and name signature

Surname and name signature

Presentation method

The form must be completed in its entirety and signed, presented or sent:

- by registered letter to the Registry of the Municipality of Trieste - Passo Costanzi 2 - 34121
- hand delivery to the Acts Acceptance Office of the Municipality of Trieste - Via Punta del Forno 2
- by electronic means to change@comune.trieste.it or even

comune.trieste@certgov.fvg.it (pec), addresses also published on the institutional website of common www.retecivica.trieste.it This last possibility is allowed to **one** of the following conditions:

- a) that the declaration is signed with a digital signature;
- b) that the author is identified by the computer system with the use of an identity card electronic, the national service card, or in any case with tools that allow identification of the person making the declaration;
- c) that the declaration is sent through the certified e-mail address of applicant.
- d) that the copy of the declaration bearing the handwritten signature of the applicant is acquired by scanner and sent by simple e-mail.

The declaration must be accompanied by a copy of the identity document of the applicant and of the persons who transfer their residence together with the applicant who, if of age, must sign the form.

The citizen coming from a foreign country, for the purposes of registering the relationship of kinship with other members of the family, must attach the relevant documentation, in regulates with the provisions on the translation and legalization of documents.

The non-EU citizen must attach the documentation indicated in Annex A).

The citizen of a State belonging to the European Union must attach the indicated documentation in Annex B).

The applicant must complete the form for himself and for the persons over whom he exercises authority or the protection.

*** Mandatory data. Failure to fill in the fields relating to mandatory data involves the non-admissibility of the application.**

**** Data of statistical interest.**

***** Data of interest of the Ministry of Infrastructure and Transport - Department for inland transport (Article 116, paragraph 11, of CdS) NECESSARY FOR UPDATING LICENSE AND CIRCULATION BOOKLET**