

To the Office of the State Prosecutor of Naples

Name Surname	
place of birth	date of birth
town of residence	
Address	
REQUEST OF THE FOLLOWING DOCU	MENTS
GENERAL CERTIFICATE OF CRIMINAL RECORDS AND COURT CONVICTIONS	For Agency Use Only
- Generale n copy/yes	
- Penale n copy/yes	
- Civile n copy/yes	
CARICHI PENDENTI n copy/yes	
Con urgenza: SI NO	(SIGNATURE)
I personally delegate this request to Mr./Mrs./Ms.	
Place of birth	date of birth
Address	
	(SIGNATURE)
FOR AGENCY USE ONLY All duty stamps have been affixed on	original copy

NOTA BENE: THIS APPLICATION MUST BE PRESENTED DIRECTLY BY INTERESTED PARTIES TOGETHER WITH A PHOTOCOPY OF AN IDENTIFICATION CARD. WHEN THIS APPLICATION IS PRESENTED BY PROXY, THE DELEGATED PARTIES MUST PRESENTA VALID IDENTIFICATION CARD.