

**APPLICATION FORM**  
**for a diplomatic, consular, or official identity card FOR FAMILY MEMBERS**

(Please fill the form in CAPITAL LETTERS.)

**A Details of the mission/consular post**

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_ Postal code: \_\_\_\_\_ State: \_\_\_\_\_
3. Phone/fax: \_\_\_\_\_

**B Details of the member of the mission/consular post (the originally entitled person)**

1. Full name: \_\_\_\_\_
2. Title: \_\_\_\_\_

**C Details of the family member**

1. Given name: \_\_\_\_\_
2. Family name: \_\_\_\_\_
3. Address of temporary residence: \_\_\_\_\_
4. Relation to the member of the mission/consular post (\*):  
 Spouse       Cohabiting partner       Child
5. Date, place and country of birth: \_\_\_\_\_  
 \_\_\_\_\_
6. Sex (\*):       Male       Female
7. Date of arrival in the Republic of Slovenia: \_\_\_\_\_
8. Nationality/nationalities: \_\_\_\_\_
9. Passport type (\*):       Diplomatic       Service       Special       Ordinary       Other: \_\_\_\_\_  
 Passport no.: \_\_\_\_\_ Date of expiry: \_\_\_\_\_
10. Visa no. (for the Republic of Slovenia, if issued): \_\_\_\_\_ Date of expiry: \_\_\_\_\_

Space for a photo  
sized  
3.5 x 4.5 cm

Applicant's signature (inside the frame) :

**D Other details of the child**

1. Regular schooling (\*):       Yes       No
2. Educational institution: \_\_\_\_\_
3. The parental right has been extended (due to a mental or physical disability) (\*):       Yes       No

**E Other details of the spouse or cohabiting partner**

1. Engages in gainful occupation (\*):       Yes       No
2. Employer (name, address): \_\_\_\_\_

*The form must be filled out in full. Incomplete applications will not be processed.*

Place and date: \_\_\_\_\_

Mission seal

Signature of the head of mission and the mission seal: \_\_\_\_\_