



GENERALNI KONZULAT REPUBLIKE SLOVENIJE V CLEVELNADU
CONSULATE GENERAL OF THE REPUBLIC OF SLOVENIA IN CLEVELAND

STATEMENT OF PERMISSION TO MAIL PASSPORT

I, the undersigned (*name and surname*) _____,

Born (*date*) _____ in (*place of birth*) _____, hereby

request that my passport be sent to me by mail to the following address: (*street, city, state*)

I confirm my understanding that Consulate General of the Republic of Slovenia in Cleveland cannot be held responsible for any damage / loss / theft / misuse of this document during transport. By signing this statement I assume full responsibility for receiving my passport by mail.

Signature: _____

Date: _____