



IZJAVA ZA POŠILJANJE OSEBNEGA DOKUMENTA PO POŠTI
(STATEMENT OF PERMISSION TO MAIL THE PERSONAL DOCUMENT)

IME IN PRIIMEK: (FIRST AND LAST NAME)	
DATUM IN KRAJ ROJSTVA: (DATE AND PLACE OF BIRTH)	

Prosim, da se mi osebni dokument (request that the personal document):

- ☐ POTNI LIST (PASSPORT)
☐ OSEBNA IZKAZNICA (ID)

izdan (issued):

☐ NA MOJE IME
(IN MY NAME)

☐ ZA MOJEGA OTROKA
(IN NAME OF MY CHILD)

☐ ZA TRETJO OSEBO
(IN NAME OF THIRD PERSON)

Ime (name):	
Ime (name):	

posreduje na naslov (is sent to the address):

Street:			
City:		ZIP:	
State:			

Razumem, da Veleposlaništvo Republike Slovenije v Washingtonu ne more prevzeti odgovornosti za izgubo/krajo/poškodbo/zlorabo dokumenta med prevozom. S podpisom prevzemam odgovornost za prevzem potnega lista po pošti (I confirm my understanding that The Embassy of the Republic of Slovenia 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.

Stranka ali zakoniti zastopnik s podpisom potrjuje resničnost podatkov
(The customer or legal representative confirms by signing that the information above is true).

Podpis (signature):

Datum (Date):		
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