**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)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_