Annex 2

to the Ministry of Foreign Affairs

Internal Regulation No. \_\_\_

of \_\_\_\_ \_\_\_\_\_\_\_\_ 2018

**INQUIRY FORM**

**FOR THE REQUEST OF DOCUMENTS FROM ABROAD IF SUCH DOCUMENTS MUST BE CERTIFIED WITH APOSTILLE OR LEGALISATION SEAL**

Please provide full and complete answers to all questions!

A separate inquiry form must be completed for each document to be requested!

Personal names and names of institutions must be provided with no abbreviations.

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| **QUESTIONS** | **ANSWERS** |
| **INFORMATION ABOUT THE PERSON WHOSE DOCUMENTS ARE REQUESTED** | |
| 1. **Last name and given name(s)**   If the last name or given name(s) have been changed, specify all changes. |  |
| 1. **Personal identity number or date, month and year of birth, place of birth**   (city, village, municipality, district, region etc.) |  |
| 1. **Nationality**   If the nationality has been changed, specify all changes. |  |
| 1. **Address of place of residence, postal code, phone number, e-mail** |  |
| **INFORMATION ABOUT THE DOCUMENT TO BE REQUESTED**  Provide information only about the document to be requested! | |
| 1. **Documents on birth registration**   Provide accurate date of birth (day, month, year) and place of birth, last name(s) and given name(s) of parents |  |
| 1. **Documents on marriage registration**   Provide accurate date of marriage (day, month, year) and place of marriage, as well as the person’s religious, confessional and church affiliation (if marriage registered by a priest). |  |
| 1. **Documents on divorce**   Provide accurate date of divorce (day, month, year), place of divorce and institution which divorced the marriage. |  |
| 1. **Documents on death registration**   Provide accurate date (day, month, year) and place of death. |  |
| 1. **Archive documents**   Provide which document you wish to request, accurate name of issuing authority of the document and date of issue of the document. |  |

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| **IF YOU REQUEST ANOTHER PERSON’S DOCUMENT,**  provide complete and accurate information about yourself! | |
| 1. **Last name and given name(s) (natural persons)/Name (legal person)** |  |
| 1. **Personal identity number or date, month and year of birth, place of birth (natural persons)/**   **Registration number (legal persons)** |  |
| 1. **Nationality (natural persons)/Country of registration (legal persons)** |  |
| 1. **Address, postal code, phone number, e-mail** |  |
| 1. Forwhat **purpose** is the document requested? |  |
| 1. **Kinship degree** to the person whose document is requested (to be completed by natural persons only) |  |
| My signature hereunder certifies that I am informed of the procedure of requesting and receiving documents and consent to personal data processing required in the process of requesting documents. | |
| Place date Submitter’s signature | |