



Consolato Generale d'Italia
Boston

PASSPORT MAIL WAIVER

NAME

LAST NAME

D.O.B.

PLACE OF
BIRTH

ADDRESS

CITY

STATE

PASSPORT
N.

PASSPORT
ISSUE DATE

I do hereby declare that I assume all responsibility for the mailing of my passport/visa by USPS Priority Envelope with Tracking, prepaid and pre-addressed. I understand that the Consulate General of Italy in BOSTON is **NOT responsible** for the loss or damage of my passport in transit. I therefore wish for my passport/visa to be mailed back to me at the address specified above via the pre-paid USPS envelope that I have provided including **a photocopy**.

DATE

SIGNATURE