



Kontor: Civilkontoret
Sagsbeh: Inge Birgitte Møberg
Dok.: 248762

DECLARATION OF CONSENT

First name:	
Last name:	
Passport number:	
Date of birth:	
National insurance number, civil registration number or other personal identification number:	
Address:	

I hereby give my consent in order for the Danish Ministry of Justice and the Danish Police to obtain information about my criminal record from the Danish Criminal Register and the authorities in my home country.

Date

Signature

Slotsholmsgade 10
1216 København K.

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