

Surname

Passport Canada Passeport Canada

An agency of Un organisme
Foreign Affairs Canada d'Affaires étrangères Canada

Canadä

STATUTORY DECLARATION

concerning a lost, stolen, damaged, destroyed or inaccessible Canadian passport or travel document

INFORMATION PROTECTED

Print in block letters using black or dark blue ink

Applicant's Personal Information

Given Name(s)

Date of Birth Year Month Day	Place of Birth City	Province/Territory (if applic	cable)	Country
Declaration of Applicant				
I. I hereby declare that Typ Typ Typ Typ Typ Typ Ty	, number	Document Numb	, issued in my name or [er	my child's
			□ loct	stolen
Child's Name	year Month Day	Place of issue	damaged	destroyed
or inaccessible on	at		60 (5 v) i	
or inaccessible on at City (Exact location) under the following circumstances (full and detailed information must be provided below):				
2. I have made the following efforts to locate this document:				
Police Popert Filed No Vec (Coccite) > Pote of Popert				
Police Report Filed				
4. Should I ever regain possession of the above original document, I promise to return it immediately to Passport Canada, or, if I				
am abroad, to the nearest Canadian government office. I acknowledge that a Canadian passport, once reported lost or stolen, is no longer valid and is not to be used for any travel.				
DECLARATION - I solemnly declare that, to my knowledge, the				
statements made in this declaration are true.				
Date Year Month Day	Signed at			
	City	Province/Territory	Signature	
This form must be completed before, and signed by, a qualified official who has the authority to administer an oath or solemn declaration (e.g. a commissioner for oaths, notary public, lawyer, etc.). If completed outside Canada, a qualified official includes a Canadian or British diplomatic or consular representative, or a qualified local official.				
Declaration of Official				
Surname Given Name(s)				
As Commissioner for Oaths Lawyer Notary Public Other qualified official (Specify)				
Address				
Number Street	Appartment	City	Province/Territory	Postal Code
Home Telephone Number	Business Telephone Nur	nber/Extension	Fax Number or E-Mail Address (Option	onal)
DECLARATION made before me on Date Year Month Day				
Signed at				
City	Province/Territory		Signature of Official	