



File number: \_\_\_\_\_

## ADDITIONAL INFORMATION

### Documents to support identity and References

**Warning**—Any false or misleading statement with respect to this form and any supporting document, including the concealment of any material fact, may result in the refusal to issue a passport, the revocation of a currently valid passport, or the refusal of passport services, and may be grounds for criminal prosecution. Your application will not be processed if you fail to complete all of the required sections of this form and/or refuse to consent to the exchange or disclosure of any personal information required for the delivery of passport services.

TYPE OR PRINT IN CAPITAL LETTERS using black or dark blue ink.

<b>Applicant's Personal Information</b>			
Surname (last name)	Given name(s)	Date of birth	
		Year	Month
		Day	

<b>Documents to Support Identity</b>			
Provide at least one (1) document to support your identity with the name to appear in the passport. Copies are acceptable provided your guarantor has signed and dated a copy of each document (both sides) confirming that the original document has been seen.			
Type of document	Document number	Date of expiry (if applicable)	Your name as it appears on the document
		Year    Month    Day	
Type of document	Document number	Date of expiry (if applicable)	Your name as it appears on the document
		Year    Month    Day	

<b>References</b>			
Provide the following information with respect to <b>two (2)</b> persons who are neither your relatives nor your guarantor and who have known you for at least <b>two (2)</b> years. They may be contacted to confirm your identity.			
1. Surname (last name)		Given name(s)	
Relationship	Address		
	<small>(Number, Street, Apartment, City, Province/Territory/State, Country)</small>		
Daytime telephone number	Evening telephone number	Cell number or email address (optional)	Has known me for
			Number of years
2. Surname (last name)		Given name(s)	
Relationship	Address		
	<small>(Number, Street, Apartment, City, Province/Territory/State, Country)</small>		
Daytime telephone number	Evening telephone number	Cell number or email address (optional)	Has known me for
			Number of years

<b>Declaration of Applicant</b>			
<b>Declaration</b> —I solemnly declare that I am a Canadian citizen and that all of the statements made and the information provided in this form, as well as any supporting documents, are true. I declare that I have read and understood the <b>Warning</b> at the top of this page and the <i>Privacy Notice Statement</i> listed in the Instructions for the passport application form to which this form relates (see section N). I consent to the collection, use and disclosure of my personal information by the Passport Program, Citizenship and Immigration Canada, other federal government institutions, Government of Canada offices abroad and third party entities as outlined in the <i>Privacy Notice Statement</i> .			
Signature of applicant	Date	Signed at	
	Year    Month    Day	City	Country