

Date: \_\_\_\_\_

Passport Canada Office:

\_\_\_\_\_  
(Insert Address of Applicable Office)

\_\_\_\_\_  
(City, Province, Postal Code)

Dear Sir or Madam:

I, \_\_\_\_\_, hereby request a certified true copy of my Canadian  
(Insert Name as it appears on Passport)  
passport. A completed and signed Form PPTC 516 "Request for Certified True Copy of Canadian Travel  
Document" is attached.

Thank you.

Sincerely,

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signed By: Please Print Name)

\_\_\_\_\_  
(Insert Your Mailing Address)

\_\_\_\_\_  
(City, Province, Postal Code)

\_\_\_\_\_  
(Phone Number)



## REQUEST FOR CERTIFIED TRUE COPY OF CANADIAN TRAVEL DOCUMENT

All personal information provided on this form is protected and used in accordance with the provisions of the *Privacy Act* (Personal Information Bank No. DFAIT PPU 030). Personal information is collected by Passport Canada under the *Canadian Passport Order*, to administer passport services. All information provided is subject to routine verifications. Should you not consent to provide the required personal information, this service may not be rendered.

Passport Canada may contact the passport holder to solicit feedback about this service.

**Please complete below**

Travel document number	Name appearing on travel document	Date of request	
<b>Bearer's Home Address</b>			
Number	Street	Apartment	
City	Prov./Terr./State	Postal code	Telephone number
Number of certified true copies requested		Language of certified copy	
		<input type="radio"/> English <input type="radio"/> French	

**I hereby request a certified true copy of my Canadian travel document**

Return the certified true copy (copies) to the bearer by mail.  
 I, or the following authorized person \_\_\_\_\_ will pick up the certified true copy (copies) at \_\_\_\_\_ on or after \_\_\_\_\_  
(Name of Passport Canada Office) (Date - to be completed by PPTC)  
  
 \_\_\_\_\_  
Signature of bearer

**Applicable only if request is submitted via a third-party**

As bearer of the Canadian travel document indicated above, I hereby authorize \_\_\_\_\_ (Name) to submit this request on my behalf.

***This individual must provide Passport Canada with valid identification.***

\_\_\_\_\_

Signature of bearer