

Number

Signed at

Street

DECLARATION made before me on

Home Telephone Number

Appartment

Date

City

Month

Business Telephone Number/Extension

Province/Territory

An agency of

Un organisme Foreign Affairs Canada d'Affaires étrangères Canada



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 Surname Given Name(s) Place of Birth Date of Birth Month Day Province/Territory (if applicable) Country Declaration of Applicant 1. I hereby declare that , issued in my name or my child's number Type of Document **Document Number** stolen became name, Child's Name Year Month Dav Place of issue damaged destroyed inaccessible on Month 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 Report Filed No Yes (Specify) → Date of Report 3. This document was last seen or used 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 I acknowledge that a Canadian passport, once reported lost or stolen, is no longer valid and is not to be used for any travel.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 Signed at Year Month Dav Province/Territory 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 Given Name(s) Surname Other qualified official (Specify) Commissioner for Oaths Lawyer **Notary Public** Address

Province/Territory

Fax Number or E-Mail Address (Optional)

Signature of Official

Postal Code