Canadä

SOLEMN DECLARATION CONCERNING A CITIZENSHIP CERTIFICATE THAT WAS LOST, STOLEN, DESTROYED OR NEVER RECEIVED

ALL QUESTIONS MUST BE ANSWERED. IF SOME QUESTIONS DO NOT APPLY TO YOU, ANSWER "N/A" ("NOT APPLICABLE").

Sur	name (Family name)			Given name(s)						File number					
1	Details Day Month of birth	Year	at	City/Town						Count	ry				
2	2 Permanent address: No. and street														
Apt	. no. City	ovince	vince Postal code Citizenship c					ertificate number (if applicable):							
	Home telephone number	Area code	Number				Business telephone number	Area	a code	Number	_				Extension
3	My citizenship certificate was:														
	On or Day Month Year at City/Town Country														
	Under the following circumstances (full information must be provided below):														
4	I have made the following efforts to locate this document (if applicable, indicate police authorities notified and attach a copy of police report or incident report number):														
5	Should I ever regain poss Canadian Embassy, Cons				omise to return	it imme	diately to a Citizens	hip an	d Immigratio	n Canada	office or, it	flam	abroad, te	o the ne	earest
	I solemnly declare that the information I have provided is true, that it is of the same force and effect as if made under oath, and that it was freely given. I authorize the department of Citizenship and Immigration Canada to verify the information I have provided. I also understand that the provision of any false or misleading information may lead to prosecution in accordance with section 29 of the <i>Citizenship Act</i> .														
	Sign: of decla	ature arant							Date 🕨	Dav I	Month	Year			
	Signa of parent or gual if declarant is u 18 years of	nder							Date 🕨	Dav I	Month	Year			

To report a citizenship certificate that was lost, stolen, destroyed or never received, immediately submit this completed and signed form to Citizenship and Immigration Canada by one of the following methods:

Mail it to the Citizenship and Immigration Canada Case Processing Centre - Sydney P.O. Box 7000 Sydney, Nova Scotia B1P 6V6

or fax it to the Case Processing Centre at 1-902-564-2781