



STATUTORY DECLARATION

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

Print in block letters using black or dark blue ink

Applicant's Personal Information				
Surname			Given Name(s)	
Date of Birth	Month	Day	Place of Birth	
Year			City	Province/Territory (if applicable)
			Country	

Declaration of Applicant				
<p>1. I hereby declare that _____, number _____, issued <input type="checkbox"/> in my name or <input type="checkbox"/> my child's name, _____, on _____ at _____ became <input type="checkbox"/> lost, <input type="checkbox"/> stolen, <input type="checkbox"/> damaged, <input type="checkbox"/> destroyed, or <input type="checkbox"/> inaccessible on _____ at _____ under the following circumstances (full and detailed information must be provided below):</p> <p>_____</p> <p>_____</p>				
<p>2. I have made the following efforts to locate this document: _____</p> <p>_____</p> <p>Police Report Filed <input type="checkbox"/> No <input type="checkbox"/> Yes (Specify) → Date of Report _____</p>				
<p>3. This document was last seen or used _____</p>				
<p>4. Should I ever regain possession of the above original document, I promise to return it immediately to the Passport Office, or, if I am abroad, to the nearest Canadian diplomatic or consular mission. I acknowledge that a Canadian passport, once reported lost or stolen, is no longer valid and is not to be used for any travel.</p>				

<p>DECLARATION - I solemnly declare that, to my knowledge, the statements made in this declaration are true.</p>			<p>_____</p> <p>Signature</p>	
Date	Signed at			
Year	Month	Day	City	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				
Surname			Given Name(s)	
Occupation <input type="checkbox"/> Commissioner for Oaths <input type="checkbox"/> Lawyer <input type="checkbox"/> Notary Public <input type="checkbox"/> Other (Specify) _____				
Address				
Number	Street	Apartment	City	Province/Territory
Home Telephone Number		Business Telephone Number/Extension		Fax Number or E-Mail Address (Optional)
()		()		
DECLARATION made before me on			Date	
			Year	Month
			Day	
Signed at			_____	
City			Province/Territory	
			Signature of Official	

