

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)					
Date of Birth <small>Year</small>	<small>Month</small>	<small>Day</small>	Place of Birth <small>City</small>			<small>Province/Territory (if applicable)</small>		<small>Country</small>

Declaration of Applicant

1. I hereby declare that _____, number _____, issued in my name or my child's name, _____, on _____ at _____ became lost stolen damaged destroyed or inaccessible on _____ at _____ under the following circumstances (*full and detailed information must be provided below*):

City (Exact location)

2. I have made the following efforts to locate this document: _____

Police Report Filed No Yes (*Specify*) → Date of Report _____ No. _____
Year Month Day

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 I acknowledge that a Canadian passport, once reported lost or stolen, is no longer valid and is not to be used for any travel.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 <small>Year</small>	<small>Month</small>	<small>Day</small>	Signed at <small>City Province/Territory</small>		Signature

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)					
As <input type="checkbox"/> Commissioner for Oaths <input type="checkbox"/> Lawyer <input type="checkbox"/> Notary Public <input type="checkbox"/> Other qualified official (<i>Specify</i>) _____								
Address								
<small>Number</small>	<small>Street</small>	<small>Apartment</small>	<small>City</small>	<small>Province/Territory</small>	<small>Postal Code</small>			
Home Telephone Number ()			Business Telephone Number/Extension ()			Fax Number or E-Mail Address (<i>Optional</i>)		
DECLARATION made before me on			Date <small>Year</small>					
Signed at			<small>Month</small>			<small>Day</small>		
<small>City</small>			<small>Province/Territory</small>			Signature of Official		