



Civil Status and Passports

Statement Regarding the Loss

Office:.....

(Passport Personal Card)

National No.			
Full Name			
First	Father	Grandfather	Family
Place of Birth		Date of Birth	
Mother's Name		Marital Status	
Location of Document Loss		Residence Place	
Profession/ Career		Phone No.	
Husband's Information for Married-women	Husband's Name		
	Place of Birth	Date of Birth	
	Mother's Name		

How it was lost
.....

Acknowledgment and Pledge			
I, the undersigned, hereby acknowledge that the above-mentioned document is not seized or subjected to any person, public department or private entity, and if proven that I am involved in concealing the above-mentioned document or any information relating to it, I hold the full consequent legal responsibility.			
Applicant Name and Signature		Date	

For the Department Use Only

Number of Last Document	Issuance Office	Issuance Date	Number of Losses
Seal and Signature of Investigation Office Secretary			