IMMIGRATION DIVISION
MINISTRY OF NATIONAL SECURITY

NOTIFICATION FORM FOR A LOST, STOLEN OR MUTILATED TRINIDAD AND TOBAGO PASSPORT

WARNING TO ALL APPLICANTS

Any such person who makes a written or oral statement knowingly to be false or misleading is guilty of an offence and is liable to fine and imprisonment.

PLEASE PRINT INFORMATION IN BLOCK LETTERS USING DARK BLUE OR BLACK INK PEN

THIS FORM IS TO BE FILLED OUT BY THE APPLICANT & SHOULD BE SIGNED IN THE PRESENCE OF THE COMMISSION OF AFFIDAVITS OR JUSTICE OF THE PEACE

FOR OFFICIAL USE ONLY

PASSPORT CONTROL OFFICER

D.C.I.O.

This is to be used to report the loss, theft or mutilation of a Trinidad and Tobago passport.
IMPORTANT : Completing this form will not provide you with a replacement passport
To replace your loss, stolen or mutilated passport, you will need to submit this form, one passport sized photograph, a passport application form, supporting documents and fee.

1. DETAILS OF THE LOSS / STOLEN OR MUTILATED PASSPORT

NAMES IN WHICH THE PASSPORT WAS ISSUED

SURNAME Smith

FIRST NAME Jane

MIDDLE NAME(S) Michelle Jessica

DATE OF BIRTH 11 / 07 / 1980 (Day / Month / Year)

PHOTOGRAPH

TOWN / CITY OF BIRTH Mt Hope

COUNTRY OF BIRTH Trinidad & Tobago

PASSPORT NO. T123456

DATE OF ISSUE 01 / 07 / 2005 (Day / Month / Year)

ISSUING OFFICE Washington DC

STATUS OF PASSPORT [✔] LOST [ ] STOLEN [ ] MUTILATED

2. CURRENT DETAILS (TO BE FILLED ONLY IF DIFFERENT FROM SECTION 1)

CURRENT SURNAME Smith-Williams

CURRENT FIRST NAME Jane

CURRENT MIDDLE NAME(S) Michelle Jessica

3. CURRENT HOME ADDRESS

123 Sesame St., Florence Town

Maryland 00000

HOME TEL. NO. 12, 033, 567,

E-MAIL ADDRESS jmjswilliams@yahoo.com

MOBILE NO. 54, 532, 456,

4 POLICE REPORT

The police must be notified of the loss or theft of the passport. Any passport that is lost or stolen abroad must be reported to the local police o f that country. Please submit the police lost document report.

HAS THE LOSS/ THEFT OF THE PASSPORT BEEN REPORTED TO THE POLICE? **YES** [✔] **NO** [ ]

DATE REPORTED TO POLICE 10 / 05 / 2014 (Day / Month / Year)

POLICE STATION Sesame St Police Station

5. NAME OF PERSON REPORTING THE LOSS, THEFT OR MUTILATION (complete this section only if you are **not** the passport holder)

A person with parental responsibility must complete section 5, if the passport holder is under the age of sixteen (16) years (this form should not be used where there is a parental dispute over the possession of a child's passport). If you are completing this form on behalf of an adult passport holder please enclose a covering letter explaining clearly why the passport holder cannot complete this form him/herself.

SURNAME /___/

FIRST NAME /___/

MIDDLE NAME(S) /___/

RELATIONSHIP TO PASSPORT HOLDER /___/

HOME ADDRESS

/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___/___