



JAMAICAN HIGH COMMISSION

350 Sparks Street, Suite 910
Ottawa, ON K1R 7S8
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LOST PASSPORT REPORT

- 1. LAST NAME _____ FIRST NAME _____
 - 2. MIDDLE NAME(S): _____ MAIDEN NAME _____
 - 3. PARISH & COUNTRY OF BIRTH: _____
 - 4. DATE OF BIRTH: _____ AGE AT LAST BIRTHDAY _____
 - 5. PERMANENT ADDRESS _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE NO. _____
 - 6. PASSPORT NUMBER: _____
 - 7. PLACE AND DATE OF ISSUE: _____
 - 8. DATE OF LOSS: _____
 - 9. CIRCUMSTANCES UNDER WHICH PASSPORT WAS LOST: _____

 - 10. WHAT MEASURES WERE TAKEN TO REPORT THE LOSS AND TO OBTAIN RECOVERY: _____

 - 11. HAS PASSPORT EVER BEEN SENT ACROSS NATIONAL BORDERS? _____
IF SO, PLEASE EXPLAIN: _____

 - 12. REFERENCE IN CANADA REFERENCE IN JAMAICA
NAME: _____ NAME: _____
ADDRESS: _____ ADDRESS: _____
TELEPHONE NO. _____ TELEPHONE NO. _____
 - 13. FATHER'S NAME & ADDRESS: _____

MOTHER'S NAME & ADDRESS: _____

OTHER RELATIVES' NAMES & ADDRESSES: _____

- APPLICANT'S SIGNATURE: _____
DATE: _____

FOR OFFICIAL USE ONLY	
SIGNATURE	DATE: