

Affidavit of Loss of Document

Affiant Information:

- Full Name: _____
- Address: _____
- City: _____ State: _____ Zip Code: _____
- Phone Number: _____
- Email Address: _____

Details of the Lost Document:

- Document Title: _____
- Issuing Authority: _____
- Document Number: _____
- Date of Loss: _____
- Location of Loss: _____

Statement of Loss: I,

_____, swear that the above-mentioned document was lost on the specified date and location:

Circumstances Surrounding the Loss:

| Date | Time | Location |
|-------|-------|----------|
| _____ | _____ | _____ |

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Actions Taken to Recover Document:

Declaration: I affirm that the information provided is true and correct to the best of my knowledge.

Signature:

Date:

Notary Public:

- **Name:** _____
- **Commission Expiry:** _____

• **Signature:** _____