

DS-64 Lost Passport Form

Personal Information

Full Name: _____

Gender: ☐ Male ☐ Female ☐ Other

Date of Birth: _____

Place of Birth: _____

Address: _____

City, State, Zip Code: _____

Email Address: _____

Phone Number: _____

Details of Lost Passport

Previous Passport Number	Date of Issue	Place of Issue	Expiration Date

Circumstances of Loss

Date of Loss	Time of Loss	Location	Police Report Filed (Yes/No)
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Statement of Circumstances

Provide details on how the passport was lost or stolen:

Applicant's Certification

I solemnly affirm that the information provided in this form is accurate, and I acknowledge that any false statement may result in penalties.

Signature: _____

Date: _____

Notary Public (If Required)

Name: _____

Seal/Stamp: _____

Signature: _____

Date: _____