**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)** |
| --- | --- | --- | --- |
|  |  |  | **☐ Yes ☐ No** |
|  |  |  | **☐ Yes ☐ No** |
|  |  |  | **☐ Yes ☐ No** |
|  |  |  | **☐ Yes ☐ No** |
|  |  |  | **☐ Yes ☐ No** |
|  |  |  | **☐ Yes ☐ No** |
|  |  |  | **☐ Yes ☐ No** |
|  |  |  | **☐ Yes ☐ 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: \_\_\_\_\_\_\_\_\_\_**