



# PASSPORT RECOVERY FORM

## St. Christopher and Nevis Passport Office

Statement Regarding a Lost, Stolen, Damaged, Destroyed or Inaccessible Passport  
Type or print in blue or black ink

### SECTION A: APPLICANT'S PERSONAL INFORMATION

LAST NAME		FIRST NAME			MIDDLE NAME	
SEX	Male Female	DATE OF BIRTH: dd mm yyyy			PLACE OF BIRTH:	
	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/>	
Current Address:				Telephone and Email Contact:		
				Home:		
				Work		
				Email Address:		

### SECTION B: PASSPORT INFORMATION

Name in Passport Issued:		Passport Number:		Status of Passport	
<input type="checkbox"/>	In my name or;	Date Issued:		<input type="checkbox"/>	Lost
<input type="checkbox"/>	My child's name	Place Issued:		<input type="checkbox"/>	Stolen
LAST NAME		FIRST NAME		MIDDLE NAME	
				<input type="checkbox"/>	Damaged
				<input type="checkbox"/>	Destroyed

### CIRCUMSTANCES OF LOST, STOLEN, DAMAGED OR DESTROYED PASSPORT

<p><b>A. If passport lost, has loss been reported to Police</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If Yes, please state:</p> <p>Date Reported dd mm yyyy</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>Where Reported:</p>	<p><b>B. If passport stolen, has theft been reported to Police</b></p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If Yes, please state:</p> <p>Date Reported dd mm yyyy</p> <p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>Where Reported:</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Documents attached in support of (a) and/or (b) above:

<input type="checkbox"/>	Affidavit
<input type="checkbox"/>	Police Report
<input type="checkbox"/>	Fire Report
<input type="checkbox"/>	Other Supporting Reports and/or Evidence

I understand that by completing and returning this form will result in the related passport being cancelled, that it may never be used again and, if subsequently found, it should be returned to the St. Kitts & Nevis Passport Officer immediately, or if I'm abroad to the nearest St. Kitts & Nevis Government Office.

I solemnly declare that, to my knowledge, the statements made in this declaration are true.

Signature \_\_\_\_\_ Date \_\_\_\_\_