



BELIZE POLICE DEPARTMENT
APPLICATION FOR LOST DOCUMENT REPORT

1. FULL PARTICULARS OF APPLICANT

Full Name: _____ Age: _____

Contact No: _____ Gender: Male Female

Date of Birth: _____ / _____ / _____ Nationality: _____
(Day) (Month) (Year)

Occupation: _____

Address: _____

**2. PARTICULARS OF DOCUMENT(S) LOST/MISPLACED/STOLEN OR DESTROYED
(include Serial Number when possible)**

**3. BRIEF SUMMARY OF HOW DOCUMENT WAS LOST. IF TRAVELLING STATE FROM WHA
DESTINATION?**

4. WHEN WAS THE DOCUMENT LOST: _____ / _____ / _____
(Day) (Month) (Year)

5. DID YOU MAKE A REPORT TO THE NEAREST POLICE STATION

Yes

No

If Yes, Where and Date report was made.

(Day) (Month) (Year)

If No, Give reasons why: _____

Signature of Applicant: _____
(Day) (Month) (Year)

Receipt Number: _____ District issued: _____

Form 6

Regulation 7(4)

DECLARATION OF LOST, STOLEN OR MUTILATED BELIZE PASSPORT

WARNING TO ALL APPLICANTS

Any such person who makes a written or oral statement knowingly to be false
Or misleading is guilty of an offence and is liable to fine and Imprisonment

**PLEASE PRINT INFORMATION IN BLOCK LETTERS
USING DARK BLUE OR BLACK INK PEN**

**FOR OFFICIAL USE ONLY
PASSPORT CONTROL OFFICER**

THIS FORM IS TO BE FILLED OUT BY THE APPLICANT & SHOULD BE SIGNED IN THE
PRESENCE OF THE COMMISSION OF AFFIDAVITS, JUSTICE OF THE PEACE OR NOTARY PUBLIC

This is to report the loss, theft or mutilation of a Belize passport **IMPORTANT: Completing this form will not provide you with a replacement passport. To replace your lost, stolen or mutilated passport, you will need to submit this form, one passport sized photograph, a passport application form, supporting documents and fee**

1. DETAILS OF THE LOST/STOLEN OR MUTILATED PASSPORT

NAMES IN WHICH THE PASSPORT WAS ISSUED

SURNAME

FIRST NAME

MIDDLE NAME(S) _____

DATE OF BIRTH

____/____/____
Date Month Year

TOWN/ CITY OF

BIRTH/ _____

COUNTRY OF BIRTH _____

PASSPORT NO. _____

DATE OF ISSUE

____/____/____
Date Month Year

ISSUE OFFICE

STATUS OF PASSPORT

LOST STOLEN MUTILATED

2. CURRENT DETAILS (TO BE FILLED ONLY IF DIFFERENT FROM SECTION 1)

CURRENT

SURNAME/ _____

CURRENT FIRST

NAME/ _____

CURRENT MIDDLE NAMES(S)

3. CURRENT HOME ADDRESS

_____ HOME TEL. NO. _____ E-MAIL

ADDRESS _____ MOBILE NO. / _____

4. POLICE REPORT

HAS THE LOST/ THEFT OF THE PASSPORT BEEN REPORTED TO THE POLICE? YES NO

DATE REPORTED TO POLICE

____/____/____
Day Month Year

POLICE STATION/ _____

AND ADDRESS

5. DETAIL HOW, WHEN OR WHERE THE LOSS, THEFT OR MULTILATION OF THE PASSPORT OCCURRED.

6. HAVE YOU HAD ANY OTHER BELIZE PASSPORT LOST, STOLEN OR MUTILATED? (Yes () NO()

7. STATE THE COUNTRIES FOR WHICH YOU HAD VISAS ENDORSED IN THE PASSPORT

8. STATE THE COUNTRIES FOR WHICH YOU HAD VISAS ENDORSED IN THE PASSPORT

9. STATE THE COUNTRIES FOR WHICH YOU HAD VISAS ENDORSED IN THE PASSPORT

I the undersigned certify that the information provided herein is correct and that I have not sold, pledge or otherwise given my passport to another person or disposed of it in an unauthorized manner. I understand that upon submission of this form, the related passport would be invalidated and can no longer be used. If the passport is subsequently found or recovered, I will immediately return same to the nearest Passport Office or Belize Foreign Mission

Dated

____/____/____
Day Month Year

.....
Signature of Applicant

CERTIFICATION BY THE COMMISSIONER OF AFFIDAVITS, JUSTICE OF THE PEACE OR NOTARY PUBLIC

Made and subscribed this _____ day of _____ in the year _____
before me

.....
Name in Block Letters

.....
Signature

.....
Official Title