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| yrp b&w crest | **LOST OR STOLEN PASSPORT OR**  **OFFICIAL DOCUMENT REPORTING FORM** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **One form including all available information is required for each bearer.**  Documents may only be reported lost or stolen by the bearer unless, (a) the bearer is under 16 years of age, in which case the report may be received from a parent or legal guardian; or (b) the bearer is unable to make the report due to illness, mental or physical condition or other exceptional circumstances, in which case the report may be received from a legal guardian, legal representative, spouse, Power of Attorney, or other person designated in writing by the bearer.  The bearer’s and complainant’s identities must be verified before a report can be received. Government issued identification is preferred such as a Driver’s Licence, Birth Certificate, Social Insurance Card or Citizenship card.  Attach a photocopy/scanned copy of the lost/stolen document(s) if one was made prior to the loss or theft. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART A: Document Bearer’s Information. The bearer is the person whose name appears in the document.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bearer’s surname (last name) : | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Bearer’s maiden name if applicable: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Bearer’s first name(s), middle name(s): | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Bearer’s residence address: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | (Include complete mailing address) | | | | | | | | | | | | | | | | | | | | | |
| Bearer’s phone numbers: | | | Residence: | | | | | | |  | | | | | | | | | | | Cellular: | | |  | | | | | | |
|  | | | Business: | | | | | | |  | | | | | | | | | | | Other: | | |  | | | | | | |
| Bearer’s date of birth (yyyy/mm/dd): | | | | | | | |  | | | | | | | | | | | | Bearer’s gender: | | | | | | |  | | | |
| Bearer’s place of birth (city, province, country): | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Bearer’s father’s name: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bearer’s mother’s name and maiden name if applicable: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Bearer’s place of employment (name of company): | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| Bearer’s business address: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | (Include complete mailing address) | | | | | | | | | | | | | | | | | | | | | |
| Bearer’s e-mail address(es) if available: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Best time of day to be contacted: | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **PART B: If the bearer is a visitor to Canada, the following sections must be also completed.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of arrival in Canada and means/point of entry: | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
| Bearer’s surname when entering Canada if different from above: | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | |
| Address while visiting Canada: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Expected date and point of departure: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Name of nearest relative in Canada, if any: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Address of nearest relative in Canada, if any: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Telephone number of nearest relative in Canada, if any: | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
| **PART C: Circumstances of loss or theft. Include details regarding location where the document was stored and the reason why it was being carried if applicable. Use blank page or reverse of page if necessary.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| The document has been  Lost  stolen. | | | | | | | | | | | Date and time of loss or theft: | | | | | | | | | | | |  | | | | | | | |
| Location of loss or theft: | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details of loss or theft and efforts made to locate the document. (Use a blank page or the back of this page if necessary.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PART D: Complainant’s Information – Complete if different from bearer. In cases where a person is reporting another person’s document lost or stolen, this section must be completed. This includes parents, legal guardians, spouses, and powers of attorney for unavailable adult bearers.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Complainant’s surname (last name): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Complainant’s given name(s): | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Relationship to bearer: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Complainant’s residence address: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | (Include complete mailing address) | | | | | | | | | | | | | | | | | | | | |
| Complainant’s address of employment: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | (Include complete mailing address) | | | | | | | | | | | | | | | | | | | | |
| Complainant’s date of birth (yyyy/mm/dd): | | | | | | | | | | |  | | | | | | | | | Complainant’s gender: | | | | | | | | |  | |
| Complainant’s place of birth (city, province, country): | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |
| Complainant’s phone numbers: | | | | | Residence: | | | | | | |  | | | | | | | | | | Cellular: | | | |  | | | | |
|  | | | | | Business: | | | | | | |  | | | | | | | | | | Other: | | | |  | | | | |
| Complainant’s e-mail address(es) if available: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| Best time of day to be contacted: | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART E: Document Information**  **Complete all available information. One form may be used to report the loss or theft of multiple documents provided the bearer’s name is the same on all documents.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Document #1** | | | | | | | Canadian Passport | | | | | | | | | | | | | | | Citizenship Card | | | | | | | | |
| Permanent Resident Card | | | | | | | Social Insurance Card | | | | | | | | | | | | | | | Landed Immigrant Papers | | | | | | | | |
| Foreign Document – specify: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Document number if known:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Date of issue of document if known: | | | | | | | |  | | | | | | | | Expiry date of document if known: | | | | | | | | | | | |  | | |
| City where document was issued. (include country if not in Canada) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Date and location where document last used: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Document #2** | | | | | | | Canadian Passport | | | | | | | | | | | | | | | Citizenship Card | | | | | | | | |
| Permanent Resident Card | | | | | | | Social Insurance Card | | | | | | | | | | | | | | | Landed Immigrant Papers | | | | | | | | |
| Foreign Document – specify: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Document number if known:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Date of issue of document if known: | | | | | | | |  | | | | | | | | Expiry date of document if known: | | | | | | | | | | | |  | | |
| City where document was issued. (include country if not in Canada) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Date and location where document last used: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Document #3** | | | | | | | Canadian Passport | | | | | | | | | | | | | | | Citizenship Card | | | | | | | | |
| Permanent Resident Card | | | | | | | Social Insurance Card | | | | | | | | | | | | | | | Landed Immigrant Papers | | | | | | | | |
| Foreign Document – specify: | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Document number if known:** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Date of issue of document if known: | | | | | | | |  | | | | | | | | Expiry date of document if known: | | | | | | | | | | | |  | | |
| City where document was issued. (include country if not in Canada) | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
| Date and location where document last used: | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Bearer/Complainant Signature:** | | | | | |  | | | | | | | | | | | | | | | | | **Date:** | |  | | | | | |
| **POLICE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| General Occurrence Number: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Global Case Management System (GCMS) No. | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Identification Document used by bearer (specify): | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Number of identification document provided: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Identification verified by (name and badge): | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Date and Time verified: | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| Reviewed and Approved by Supervisor (name and badge): | | | | | | | | | | | | | | | | | |  | | | | | | | | | | Date: | |  |