

APPLICATION FOR LOST/MUTILATED PASSPORT

FILE NUMBER R.....

1	Forename (s) (as in passport):			
2	Surname Names			
3	Date of birth	Day	Month	Year
4	Passport Number:	Date of Issue		
5	Place of Birth	Country of Birth		
6	Gender	Female <input type="checkbox"/>	Male <input type="checkbox"/>	
7	Have you ever travelled on the passport that is reported lost	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

8	Postal Address:			
	Postal Code:			
	Telephone	Town	Country	
	Fees chargeable (i) Mutilated Passport € 135,00 Receipt No.....			
	Fees chargeable (ii) Lost passport € 170,00 Receipt No.....			

Declaration

The information I have given is true to the best of my knowledge

Place.....Date.....Signature.....

For official Use

Disabling of passport (overseas)	Passport officer in-charge (Embassy stamp sign)