IMM/ .....
Report Serial No.

PASSPORTS & IMMIGRATION DEPARTMENT
ST. VINCENT & THE GRENADINES

LOST/ STOLEN/ DAMAGED PASSPORT REPORT

Personal Particulars:

Date: ...../...../.....
dd mm yyyy

Mr./ Mrs/ Miss

.....
Surname of Bearer: (In block capitals)

.....
Christian Name or other names: (In block capitals)

Marital Status: (Tick ✓appropriately)

[ ] Single [ ] Married [ ] Widowed [ ] Divorced

.....
Maiden Surname (In block capitals, if applicable)

Has name been changed otherwise than by marriage?
[ ] No [ ] Yes

.....
If yes, state original name (In block capitals)

Age last Birthday	Place & Country of Birth	Date of Birth *dd /mm / yy*

.....
Profession or Occupation

Present Address: (In block capitals)

.....

.....

.....

Usual Address: (In block capitals)

.....

.....

National Status: .....
[ ] By Birth [ ] By Descent

[ ] By Naturalization [ ] By Registration

If by Naturalization or Registration, state:

....
No. of Document Date of issue Place of issue

Particulars of Lost/ Stolen/ Damaged Passport

Type of Passport	Serial No.
	Place of Issue
Date of Issue Day / Month / Year	Expiry Date *Day / Month / Year*
Date last seen Day / Month / Year	Place last seen

By whom last seen?

Name: .....

Address: .....

.....

Visa (s) Particulars

Type	**Issuing Country(s)** 1. 2. 3. 4.
Place(s) of Issue	**Date(s) of Issue** 1. 2. 3.