AFFIDAVIT CONCERNING CIRCUMSTANCES REGARDING THE LOSS OF PASSPORT

(PLEASE PRINT)

I,			cesidin	g at
	(FIRST NAME, MIDDLE NAME, LAST NAME)			
	(Address 1)			
	(Address 2)			
	(City, State, Zip)			
Do sole:	emnly swear as follows:			
1.	That my name is(First) (MIDDLE)	(LAST)		
2.	That I am a citizen of Grenada , having been born in the Parish of			
	on			
	(DAY / MONTH / YEAR)			
3.	That I have not renounced my citizenship of GRENADA.			
4.	(a) That Lost Passport No	was issue	ed to	me
	on/around			
	(DAY / MONTH / YEAR)			
	(b) That I lived at			
	when the passport was issued to me.			
5.	That I lost passport on/around			
	(DAY / MONTH / YEAR)			
	at			
	(Place Where Passport was Lost)			

6.	That I reported the loss to the Precinct at	
	(Address or Location of Precinct)	
	On(Day/Month/Year)	
	ATTACH A COPY OF THE COMPLAINT SLIP FROM THE PRECINCT	
7.	That my passport was lost in the following circumstances:	
8.	That I have not surrendered the passport to any other authority or disposed of it in an	
	manner.	
9.	That I promise to surrender the passport to the proper authority if it is subsequently found.	
10.	That the above information is true and correct.	
	C 1.2	
	SIGNED(APPLICANT)	
SWORN	TO BEFORE ME THIS D AY OF	
	(DAY) (MONTH) (YEAR)	
	LAWYER / NOTARY PUBLIC	