

DEPARTMENT OF STATE  
STATEMENT OF NONRECEIPT OF PASSPORT

WARNING: False statements made knowingly and willfully in passport applications or in affidavits or other supporting documents submitted therewith are punishable by fine and/or imprisonment under the provisions of 18 USC 1001 and/or 18 USC 1542.

|                                  |                        |
|----------------------------------|------------------------|
| NAME (First) (Middle) (Last)     | DEPARTURE DATE         |
| PLACE PREVIOUS APPLICATION FILED | DATE APPLICATION FILED |

PRIVACY ACT STATEMENT: The information solicited on this form is authorized by, but not limited to, those statutes codified in Titles 8, 18, and 22, United States Code, and all predecessor statutes whether or not codified, and all regulations issued pursuant to Executive Order 11295 of August 5, 1966. The primary purpose for soliciting the information is to establish citizenship, identity and entitlement to issuance of a United States passport or related facility, and to properly administer and enforce the laws pertaining thereto.

The information is made available as a routine use on a need-to-know basis to personnel of the Department of State and other government agencies having statutory or other lawful authority to maintain such information in the performance of their official duties; pursuant to a subpoena or court order; and, as set forth in Part 6a, Title 22, Code of Federal Regulations (See Federal Register Volume 40, pages 45755, 45756, 47419 and 47420).

Failure to provide the information requested on this form may result in the denial of a United States passport, related document or service to the individual seeking such passport, document or service.

I, the undersigned, certify that I filed an application for a passport on the date and at the place shown above. I further attest that I have not received the passport for which the application was filed.

I request that a passport be issued to me and certify that if the passport previously applied for is received, I will immediately return it to the Passport Office, Department of State, Washington, D.C. 20524.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

(PASSPORT OFFICE USE ONLY)

|                          |             |  |
|--------------------------|-------------|--|
| PREVIOUS PASSPORT NUMBER | DATE ISSUED |  |
| PLACE ISSUED             | DATE MAILED | SPECIAL POSTAGE, if used<br><input type="checkbox"/> SD <input type="checkbox"/> REGIS |