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PRIVACY ACT STATEMENT

AUTHORITIES: Collection of this information is authorized by 22 U.S.C. 211a et seq.; 8 U.S.C. 1104; 26 U.S.C. 6039E; Executive Order 11295 (August 5, 1966); and 22 C.F.R. parts 50 and 51.

PURPOSE: We are requesting the information to ensure that no one has more than one valid U.S. passport book and one valid U.S. passport card at any one time, except as authorized by the U.S. Department of State, and to combat passport fraud and misuse.

The collection of the Social Security number will be used to verify the identity of the person reporting the lost or stolen passport and no other purpose unless authorized by law.

ROUTINE USES: This information may be disclosed to another domestic government agency, a private contractor, a foreign government agency, or to a private person or private employer in accordance with certain approved routine uses. These routine uses include, but are not limited to, law enforcement activities, employment verification, fraud prevention, border security, counterterrorism, litigation activities, and activities that meet the Secretary of State's responsibility to protect U.S. citizens and non-citizen nationals abroad.

DISCLOSURE: Providing your Social Security number and other information on this form is voluntary, but failure to provide the information on this form may, given the form's purpose of verification of your identity, result in processing delays.

About the Applicant

First Name: * [text box]

Middle Name: [text box]

Last Name: * [text box]

Suffix: [text box]

Date Of Birth (MM/DD/YYYY): * ? [text box]

City Of Birth: * ? [text box]

Country Of Birth: * ? [dropdown: UNITED STATES]

State/Territory Of Birth: * ? [dropdown: Please Select..]

Social Security Number: * ? [text box]

Sex: * [radio: Male] [radio: Female]

Height: * Feet: [dropdown: 0] Inches: [dropdown: 0]

Hair Color: * [dropdown: Please Select...]

Eye Color: * [dropdown: Please Select...]

Occupation: * ? [text box]

Employer or School: ? [text box]

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For status checks visit passportstatus.state.gov or call 1-877-487-2778 or 1-888-874-7793 (TDD/TTY).

For general questions email NPIC@state.gov or call 1-877-487-2778 or 1-888-874-7793 (TDD/TTY).

For technical issues email PassportWeb@state.gov.



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Contact Information

Street Address/RFD#, P.O. Box, or URB: *

Street Address 2

(apartment, company, suite, unit, building or floor if applicable): ?

City: *

Country: *

State: *

Zip Code: *

In Care Of (e.g. In Care Of - Jane Doe): ?

Is This Your Permanent Address? * ?

Yes No

Preferred Method of Communication

Preferred Method of Communication * ?

Mail Email Both

Your Email Address

Email Address: * ?

Confirm Email Address: * ?

Your Phone Number ?

Phone Number Type:

(no dashes):

Home Work Cell

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Your Most Recent Passport

Have you been issued any of the following? *

- Passport Book Passport Card Both

Passport Book

Do you still have the book in your possession? *

- Yes No, it was Lost
 Yes, but it was No, it has been Stolen

Damaged or Mutilated

NOTE! By selecting Yes you will be required to submit your book with your application.

The date your most recent passport book was issued (MM/DD/YYYY):

Your name as printed on your most recent book:

First and Middle Name:

Last Name:

Book number:

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Lost Or Stolen Passport Information

MINORS - If you are reporting a lost or stolen passport for a minor (persons under the age of 16), a **parent or guardian must sign and mail-in** a paper DS-64 Statement Regarding Lost or Stolen Passport.

Are you reporting your own lost or stolen passport?

If you are not reporting your own passport as lost or stolen, you will NOT be able to submit a report online. However, you will be able to print a completed DS-64 Statement Regarding Lost or Stolen Passport. The passport holder must carefully review the printed instructions, sign it, submit a photocopy of a government-issued photo identification (such as a driver's license or a state-issued identification card), AND mail it to the address provided on the form. *

Yes No

Explain how the book was lost or stolen. *

115

Explain where the loss or theft occurred. Provide Address if known (City/State) *

115

On what date was the book lost or stolen (MM/DD/YYYY)? If unknown, when was the last time you remember it in your possession? *

Have you had other U.S. passport book/card lost or stolen? *

Yes No

Are you submitting this form in connection with an application for a new U.S. passport? *

Yes No

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 provisions of 18 U.S.C. 1001 and/or 18 U.S.C. 1542. Alteration or mutilation of a U.S. passport is punishable by fine and/or imprisonment under provisions of 19 U.S.C. 1543. The use of a U.S. passport in violation of the restrictions contained therein or of the passport regulations is punishable by fine and/or imprisonment under 18 U.S.C. 1544. All statements and documents submitted are subject to verification.

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Lost and Stolen Report Review

Check your information before printing your form. Making handwritten changes will slow down our processing of your form.

Name Provided: GDGFD GFDGF GFDGF
Date Of Birth: 01/01/1983
Place Of Birth: GFDG, AK
Social Security Number: 000-00-0000
Sex: Female
Height: 1FT. 1IN.
Hair Color: BLACK
Eye Color: AMBER
Occupation: DFS
Employer: DD

Mailing Street Address: MBGJMGH
Mailing Street Address 2:
City: DHKDF
Country: USA
State: FL
Zip Code: 33135
In Care Of:

Permanent Address Same As Mailing Address?: Yes

Email Address: DHDHFD@STATE.GOV
Phone:

Have Passport Book: Yes

Name On Previous Passport Book: FDGDFG FDGFD
Previous Passport Book Number: 015236000
Book Issuance Date: 01/01/2013
Book Still In Possession: No, it was Lost

Have Passport Card: No

Reporting your own lost or stolen passport: Yes

On what date was your book lost or stolen?: 02/01/2013

Explain where the book lost or theft occurred: FDGDF

Explain how the book was lost or stolen: FCG

Had other U.S. passport lost or stolen: No

Once you have reviewed your information, please continue and follow the steps to finish the process.

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Electronic Signature

DS 64 E-Signature

How would you like to send your statement regarding a lost or stolen passport? *

Sign and Send Online Print, Sign and Mail

Note: Sending Lost or Stolen Form electronically is a convenient way to completely eliminate mail time, reduce processing time, and paper use. By correctly answering the questions below you authenticate your identity and electronically sign the form.

If you cannot answer any of the required questions you can print your Lost or Stolen Form, manually sign it and mail it by selecting Print and Sign option.

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Electronic Signature

DS 64 E-Signature

How would you like to send your statement regarding a lost or stolen passport? *

 Sign and Send Online Print, Sign and Mail

Would you like to receive your reference number via email? * ?

 Yes No

Would you like to receive your acknowledgement letter via email? * ?

 Yes No

Security Questions

What is your full name as it appeared on your lost or stolen passport book or card? *

First Name: *

Last Name: *

What is your place of birth (State if born in the U.S.; Country if born outside of the U.S.)? *

Country Of Birth: * ?

State/Territory Of Birth: * ?

What is your social security number? *

What is your date of birth? *

What is your mother's maiden name? *

Who did you list as your emergency contact on your most recent passport application? *

What year was your lost or stolen passport book or card issued? *

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Next Steps

After reading and acknowledging your understanding of the instructions, you will be ready to submit your Passport form(s).

DS-64: Statement Regarding a Lost or Stolen U.S. Passport Book and/or Card
 OMB CONTROL NO. 1405-0014
 OMB EXPIRATION DATE: 06/30/2018
 ESTIMATED BURDEN: 10 Minutes

Paperwork Reduction Act Statement

Public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time required for searching existing data sources, gathering the necessary data, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: U.S. Department of State, Bureau of Consular Affairs, Passport Services, Office of Legal Affairs and Law Enforcement Liaison, 44132 Mercure Cir, P.O. Box 1227, Sterling, Virginia 20166-1227.

1 Print Your Form(s).

[Click Here](#) to view Printing Instructions

2 How to Submit Your Form(s)

The report on the lost or stolen passport you are about to file will be placed immediately into our Consular Lost and Stolen Passport System. This system is designed to prevent the misuse of your lost or stolen U.S. passport. Anyone using your lost or stolen passport will be detained upon entry into the United States or may be denied boarding an airplane. If the passport is found at a later time, it must be reported as found and submitted for cancellation.

AS SOON AS YOU CLICK SUBMIT, THE PASSPORT BEING REPORTED IS INVALIDATED. The passport CANNOT be used for travel and CANNOT be reinstated or reactivated.

I have read and acknowledge the steps and information contained above.

1. Submit your Lost or Stolen Report Online

By clicking "Submit" your passport will be INVALIDATED and CANNOT be used for travel or reinstated/reactivated. You will receive an acknowledgement via e-mail and have the option to print a hardcopy of the Lost or Stolen Report on the next screen.

Retype the characters from the picture:



Submit

* [Adobe Acrobat](#) is required

2. Exit and Start New Form

This will delete any information you have typed in and return you to the beginning of the online process so you may complete another form. NOTE: Please be sure to submit your Lost/Stolen Report before proceeding.

Start New Application