

ADULT GENERAL PASSPORT APPLICATION

for Canadians 16 years of age or over (in Canada or in the USA)

WARNING to all applicants and guarantors – Any false or misleading statement on this form or relating to any document in support of this application, including concealment of any material fact, may lead to refusal or revocation of a passport and be grounds for criminal prosecution.

Failure to complete all the required sections of this form will result in your application being rejected.



1 <i>Personal Information</i>										
Surname (last name) Riess										
Given name(s) (see instruction No. 1) Richard										
Surname (last name) at birth (see instruction No. 1) NA					Former surname (former last name) (see instruction No. 1) NA					
If passport requested in spousal surname (last name), enter					Year of marriage		Surname (last name) of spouse (see instruction No. 1)			
Date of birth Year: 1973 Month: 11 Day: 24			Place of birth City: Ontario Country: USA Prov./Ter./State (if applicable): CA							
Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male		Marital status Married		Eye colour Brown		Hair colour Brown		Height 5' 5"		Weight 135 lbs
Address of permanent residence 1705 E. Hanna Rd Number Street Apartment P.O. Box City Eloy AZ 85131 Prov./Ter./State Postal/Zip code										
Mailing address (if different from above) Number Street Apartment P.O. Box City Prov./Ter./State Postal/Zip code										
Daytime telephone number NA			Evening telephone number NA			Cell. number or email address (optional) NA				
DECLARATION – I solemnly declare that I am a Canadian citizen, that the photos enclosed are a true likeness of me and that all of the statements made in this application are true. I declare that I have read and understood the WARNING to all applicants and guarantors above.										
Date Year Month Day			Signed at City Province/Territory/State							

2 <i>Declaration of Guarantor (to be completed by the guarantor only if the applicant has completed and signed this application form)</i>									
Surname (last name)					Given name(s)				
Date of birth Year Month Day			Canadian passport number		Date of issue Year Month Day			Date of expiry Year Month Day	
Surname (last name) in passport, if different					Daytime telephone number ()			Evening telephone number ()	
Address of permanent residence Number Street Apartment City Province/Territory/State Postal/Zip code									
DECLARATION – I solemnly declare that I have known the applicant identified above personally for at least TWO (2) years. I have certified on the back of ONE (1) photo that the image is a true likeness of the applicant. If applicable, I have signed a copy of each document to support the applicant's identity confirming that I have seen the original(s). I declare that I have read and understood the WARNING to all applicants and guarantors above.					I have known the applicant for Number of years		Signature of guarantor		
Date Year Month Day					Signed at City		Province/Territory/State		

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PPTC 153 (10-04) M02

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Passport Canada
Passeport Canada

Canada

3	Previous Canadian Passport
<p>• In the last FIVE (5) years, has a Canadian passport, Certificate of Identity or Travel Document been issued to you?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (specify) Number Date of issue Year Month Day Place of issue</p> <p>If yes, include it with your application.</p> <p>• Would you like the passport to be returned to you? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>• If the passport issued to you in the last FIVE (5) years has been lost, stolen, damaged, destroyed or is inaccessible, you must include with this application form a completed "Statutory Declaration" form PPTC 203, available from any Passport Canada service location in Canada, any Canadian government office in the USA or at www.passportcanada.gc.ca.</p>	

4	Proof of Canadian Citizenship
<p>A To be completed by ALL applicants. Did you acquire citizenship of another country before JANUARY 1, 1947?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes (specify) By birth Country Effective date Year Month Day</p> <p><input type="checkbox"/> By naturalization</p>	
<p>B To be completed if you were born in Canada. Provide ONE (1) of the two documents listed below (no copies):</p> <p><input type="checkbox"/> Birth certificate in Canada (see instruction No. 4) Registration number Date of issue</p> <p><input type="checkbox"/> Certificate of Canadian citizenship (see instruction No. 4) Certificate number Date of issue</p>	
<p>C To be completed if you were born outside of Canada.</p> <p>1) Provide ONE (1) of the four documents listed below (no copies):</p> <p><input type="checkbox"/> Certificate of Canadian citizenship (see instruction No. 4) <input type="checkbox"/> Certificate of registration of birth abroad (issued by the Registrar of Canadian Citizenship)</p> <p><input type="checkbox"/> Certificate of naturalization <input type="checkbox"/> Certificate of retention of Canadian citizenship (issued before February 15, 1977)</p> <p style="text-align: center;">Certificate number Date of issue</p> <p>2) To be completed if you were born outside of Canada between February 15, 1977 and April 16, 1981 inclusively. (You do not need to complete this section if you are presenting a certificate of Canadian citizenship issued after January 1, 2007.)</p> <p>a) Are you a naturalized Canadian? (i.e. Did you receive Canadian citizenship following immigration to Canada?) <input type="checkbox"/> Yes - Go to section ⑤ <input type="checkbox"/> No - Continue to question b)</p> <p>b) Was one of your parents born in Canada? <input type="checkbox"/> Yes - Go to section ⑤ <input type="checkbox"/> No - Continue to c)</p> <p>c) Complete and submit form PPTC 001 "Proof of Canadian Citizenship – Additional Information" which you can obtain at www.passportcanada.gc.ca or at any Passport Canada service location, participating Canada Post office, participating Service Canada Centre in Canada or any Canadian government office in the USA.</p>	

5	Documents to Support Identity		
Provide the following information. Include signed copies (both sides) or original documents (see instruction No. 5).			
Type of document	Document number	Date of expiry (if applicable) Year Month Day	Name of bearer as it appears on the document
Type of document	Document number	Date of expiry (if applicable) Year Month Day	Name of bearer as it appears on the document

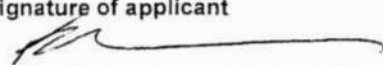
6	Declaration of Applicant
<p>DECLARATION – I solemnly declare that the statements made in this application are true.</p> <p>Signature of applicant Date Year Month Day Signed at City <u>Edmonton, AZ</u> Province/Territory/State</p>	

6	Credit Card Information	
<p>COMPLETE ONLY if you are not appearing in person and you wish to pay by credit card.</p>		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<p>Name appearing on card Card number Date of expiry Month Year</p>	<p>FOR OFFICIAL USE ONLY</p> <p>Authorization number</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
<p>AUTHORIZATION – I authorize Passport Canada to charge C\$ to my credit card.</p>	<p>Signature of cardholder Date Year Month Day</p>	

7 Additional Personal Information					
A Addresses in the last TWO (2) years <input type="checkbox"/> Same as current address. Addresses in the last TWO (2) years if different from current address. (If insufficient space, attach a separate sheet.)					
(Number, Street, Apartment, City, Province/Territory/State, Country)			From	Year	Month
1. 3250 W Lower Buckeye Rd, Phoenix, AZ, US			2010		01
			To	Year	Month
			2011		02
2. 1705 E. Hanna Rd, Eloy, AZ, US			From	Year	Month
			2009		04
			To	Year	Month
			2010		01
B Occupation in the last TWO (2) years (If insufficient space, attach a separate sheet. If you are, for example, a homemaker or are retired, indicate this in the "Employer/school or other" column.) In the last TWO (2) years, <input type="checkbox"/> my employers were and/or <input type="checkbox"/> I was attending educational institutions as follows:					
Employer/school or other	Address	Daytime phone	Nature of employment/studies	Date (From)	Date (To)
NA					
NA					
NA					
C Mother's maiden name			Provide your mother's surname (last name) at the time of her birth. NA		

8 References			
Provide the following information with respect to TWO (2) persons who are neither your relatives nor your guarantor and who have known you for at least TWO (2) years. They may be contacted to confirm your identity.			
1. Surname (last name)		Given name(s)	
NA		NA	
Relationship	Address (Number, Street, Apartment, City, Province/Territory/State, Country)		
NA	NA		
Daytime phone	Evening phone	Cell. number or email address (optional)	Has known me for
NA	NA	NA	NA
		State number of years	
2. Surname (last name)		Given name(s)	
NA		NA	
Relationship	Address (Number, Street, Apartment, City, Province/Territory/State, Country)		
NA	NA		
Daytime phone	Evening phone	Cell. number or email address (optional)	Has known me for
NA	NA	NA	NA
		State number of years	

9 Emergency Contact (optional)			
We recommend that you provide the name of someone who would not normally travel with you. This information is helpful if you have an accident or become ill while travelling outside of Canada.			
Surname (last name)		Given name(s)	
NA		NA	
Relationship to applicant	Daytime phone	Evening phone	Cell. number
NA	NA	NA	NA
Address			
NA			
Number	Street	Apartment	City
			Prov/Ter/State
			Postal/Zip code

Declaration of Applicant			
DECLARATION – I solemnly declare that the statements made in this application are true.			
Signature of applicant	Date	Signed at	
	Year Month Day	City	
	2011 3 1	Eloy, AZ	
		Province/Territory/State	