

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 Personal Information						
Surname (last name) RIESS						
Given name(s) (see instruction No. 1) RICHARD STEVE						
Surname (last name) at birth (see instruction No. 1)			Former surname (former last name) (see instruction No. 1)			
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: SUDBURY		Country: CANADA		Prov./Ter./State (if applicable): ON	
Sex: <input type="checkbox"/> Female, <input checked="" type="checkbox"/> Male	Marital status: MARRIED	Eye colour: BROWN	Hair colour: BROWN	Height: 55	Weight: 135	
Address of permanent residence 1705 HANNA ROAD, ELOY, AZ 85131 Number Street Apartment P.O. Box City 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 310-365-5512		Evening telephone number		Cell. number or email address (optional)		
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 Declaration of Guarantor (to be completed by the guarantor only if the applicant has completed and signed this application form)						
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:			

Aussi disponible en français

PPTC 153 (10-04) M02

Page 1 of 3



Passport Canada
Passeport Canada




Canada

3 Previous Canadian Passport				
In the last FIVE (5) years, has a Canadian passport, Certificate of Identity or Travel Document been issued to you? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (specify)				
If yes, include it with your application.	Number LJ368618	Date of issue Year 2003	Month 12	Day 18
Place of issue Hu11				
Would you like the passport to be returned to you? <input type="checkbox"/> No <input type="checkbox"/> Yes				
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				

4 Proof of Canadian Citizenship			
A To be completed by ALL applicants . Did you acquire citizenship of another country before JANUARY 1, 1947?			
<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes (specify)	<input type="checkbox"/> By birth	Country
		<input type="checkbox"/> By naturalization	Effective date Year Month Day
B To be completed if you were born in Canada . Provide ONE (1) of the two documents listed below (no copies):			
<input checked="" type="checkbox"/> Birth certificate in Canada (see instruction No. 4)		Registration number 111484	Date of issue 05/14/2008
<input type="checkbox"/> Certificate of Canadian citizenship (see instruction No. 4)		Certificate number	Date of issue
C To be completed if you were born outside of Canada .			
1) Provide ONE (1) of the four documents listed below (no copies):			
<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)	
<input type="checkbox"/> Certificate of naturalization		<input type="checkbox"/> Certificate of retention of Canadian citizenship (issued before February 15, 1977)	
Certificate number		Date of issue	
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.)			
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)	
b) Was one of your parents born in Canada?		<input type="checkbox"/> Yes - Go to section 5 <input type="checkbox"/> No - Continue to c)	
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.			

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

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

6 Credit Card Information			
COMPLETE ONLY if you are not appearing in person and you wish to pay by credit card.			
<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/> 	Name appearing on card	FOR OFFICIAL USE ONLY Authorization number <div style="border: 1px solid black; height: 60px; width: 100%; margin-top: 10px;"></div>	
Card number			
AUTHORIZATION – I authorize Passport Canada to charge C\$ _____ to my credit card.		Signature of cardholder	Date Year Month Day

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)					
1. 3250 W LOWER BUCKEYE ROAD, PHOENIX, AZ, USA		From	Year	Month	To
			2010	01	2011 02
2. 1705 E HANNA ROAD, ELOY, AZ, USA		From	Year	Month	To
			2009	04	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)
C Mother's maiden name Provide your mother's surname (last name) at the time of her birth. <div style="text-align: center; border: 1px solid black; padding: 2px;">PAPIN</div>					

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)	
Relationship	Address (Number, Street, Apartment, City, Province/Territory/State, Country)		
Daytime phone	Evening phone	Cell. number or email address (optional)	Has known me for State number of years
2. Surname (last name)		Given name(s)	
Relationship	Address (Number, Street, Apartment, City, Province/Territory/State, Country)		
Daytime phone	Evening phone	Cell. number or email address (optional)	Has known me for State number of years

9 Emergency Contact (optional)			
<input type="checkbox"/> 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)	
Relationship to applicant	Daytime phone	Evening phone	Cell. number
Address			
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	
		Province/Territory/State	