



Chelsea Police Department
19 Park Street
Chelsea, Massachusetts 02150

Main (617) 466-4800
Fax (617) 466-4852

Brain A. Kyes
CHIEF OF POLICE

Lost Passport Affidavit

I, _____, of
_____, hereby report that the
following described Passport was stolen (), lost () in the City of
Chelsea on _____, 20_____.

Name: _____

Date of Birth: _____

Issuing Country: _____

Passport Number: _____

Date of Issue: _____

Date of Expiration: _____

Signed under the pains and penalties of perjury this
_____ day of _____, 20_____

Signature

(This form is to be signed, notarized, and returned to the records department of the Chelsea Police Department)