

INFORMATION
PROTECTED

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.



Date of travel

Month Day
☐ ☐
☒ Unknown

1 <i>Personal Information</i>										
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 Month Day 1973 11 24			Place of birth SUDBURY City			CANADA Country			ON Prov./Ter./State (if applicable)	
Sex ☐ Female ☒ Male		Marital status MARRIED		Eye colour BROWN		Hair colour BROWN		Height 55		Weight 135
Address of permanent residence 1705 HANNA ROAD Number Street Apartment P.O. Box City 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 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 2011 8 16			Signed at ELOY A2 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						

Aussi disponible en français

PPTC 153 (10-04) M02

Page 1 of 3

3 Previous Canadian Passport				
• In the last FIVE (5) years, has a Canadian passport, Certificate of Identity or Travel Document been issued to you? ☐ No ☒ Yes (specify)				
If yes, include it with your application.	Number LJ368618	Date of issue Year: 2003	Month: 12	Day: 18
Place of issue Hull				
• Would you like the passport to be returned to you? ☐ No ☐ 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? ☒ No ☐ Yes (specify)				
☐ By birth ☐ By naturalization		Country		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): ☒ Birth certificate in Canada (see instruction No. 4)				
☐ Certificate of Canadian citizenship (see instruction No. 4)		Registration number 111484		Date of issue 2008-05-14
		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): ☐ Certificate of Canadian citizenship (see instruction No. 4) ☐ Certificate of registration of birth abroad (issued by the Registrar of Canadian Citizenship) ☐ Certificate of naturalization ☐ 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?) ☐ Yes - Go to section ⑤ ☐ No - Continue to question b) b) Was one of your parents born in Canada? ☐ Yes - Go to section ⑤ ☐ 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.				
☐ ☐ ☐		Name appearing on card		
Card number		Date of expiry Month: Year:		
AUTHORIZATION – I authorize Passport Canada to charge C\$ to my credit card.		Signature of cardholder Date Year: Month: Day:		
FOR OFFICIAL USE ONLY Authorization number				

7 Additional Personal Information					
A Addresses in the last TWO (2) years ☐ 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
				2010	01
2. 1705 E HANNA ROAD, ELOY, AZ, USA			To	Year	Month
				2011	02
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, ☒ my employers were and/or ☐ I was attending educational institutions as follows:					
Employer/school or other	Address	Daytime phone	Nature of employment/studies	Date (From)	Date (To)
DHS/ICE	1705 E HANNA ROAD ELOY, AZ 85131	520-464-3000	DETAINEE	2007-09	2011-08
C Mother's maiden name Provide your mother's surname (last name) at the time of her birth. PAPIN					

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)			
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 Year Month Day Signed at City Province/Territory/State

s.26

STATUTORY DECLARATION In Lieu of Guarantor

INFORMATION
RENSEIGNEMENTS

This form must be signed and declared under oath by a person authorized by the Immigration, Refugees and Citizenship Department to administer the oath-taking process. It is to be used in conjunction with the Declaration of Official form and the Declaration of Applicant form.

Print in block letters using black ink on both sides.

Applicant's Personal Information									
Surname RIESS					First Name RICHARD				
Date of Birth 19731124		Place of Birth Sudbury			Country of Birth ONTARIO			Country CANADA	
Current Address 1705 E HANNA ROAD Eloy, A2 85131					From 2007 09		To 2011 08		
Address in the last FIVE years (if different from current address)									
In the last FIVE years, ☒ my employers were and/or ☐ I was attending educational institutions as follows:									
Employer/Institution DHS-ICE		Address 1705 E HANNA RD Eloy, A2 85131		Telephone No. (510) 464 3000		Employment/Studies DETAINEE		From 9/2007 To 8/2011	

References			
I consent to the TWO following persons, who are not my relatives and have known me for at least TWO years, being contacted to confirm my identity.			
1. Surname		First Name	
Relationship	Address		
Home Telephone No.	Business Telephone No./Extension	Fax No. or E-Mail address (if possible)	Has known me for
2. Surname		First Name	
Relationship	Address		
Home Telephone No.	Business Telephone No./Extension	Fax No. or E-Mail address (if possible)	Has known me for

Declaration of Applicant			
I am unable to obtain any person within the group listed in the application form to act as guarantor for the following reason:			
I have presented the following identification documents, which bear my signature, to the official below:			
Type of document	Document Number	Exp. date (month/year)	Document Number
The statements in my application for a Canadian passport, dated 10/08/2011 , for ☐ myself or ☐ my child, are correct in all respects.			
DECLARATION: I solemnly declare that the statements made in this declaration are true. The photos attached hereto, marked "Passport", are true photos of myself or my child.			
Date	Signed at		
	Signature of Applicant		

Declaration of Official			
Signature: [Redacted]			
Occupation: ☐ Clerk-Inspector for Ontario ☒ DEPORTATION OFFICER			
Address: 1705 E. HANNA ROAD Eloy, A2			
Home Telephone Number		Business Telephone Number/Extension	
		(510) 464-3152	
DECLARATION made before me		On (Date-Month-Year) 8-15-2011 at Eloy, A2	
The Official has read and signed and affixed the seal to the back of this form to verify the statement. This is "Article 1" of the Statutory Declaration of "Name" declared before me on (Date) at (Place) (Signature of Official)			



Passport
Canada

Passport
Canada

to agents
of Foreign Affairs/Canada

or citizens
of Foreign Affairs/Canada

Canada

000116



Office of the Registrar General
Bureau du registraire général

Certified A True
Photostatic
Print of a Record

Photocopie certifiée
conforme d'un document

on file at the
Office of the Registrar General
Ontario, Canada
se trouvant dans les dossiers du
Bureau du registraire général
(Ontario) Canada

Registration No. /
Numéro d'enregistrement :

Certificate number /
Numéro du certificat : **P 750412**

Date issued /
Date de délivrance :

File number /
Numéro de dossier :

1973 111484
PAGE 1 of 1

May 14 2008

08048825-01-2

**PROVINCE OF ONTARIO
THE VITAL STATISTICS ACT
STATEMENT OF BIRTH**

111484

1. PLACE OF BIRTH: City, town, village or locality of Sudbury
Name and address of hospital or nursing home: General Hospital
If still resident in home, give house number and street:
County or territorial division of: PROVINCIAL DIVISION OF SUDBURY

2. FIRST NAME OF CHILD: ELLY
Last name of child: STEVE

3. DATE OF BIRTH: November 24 1973 A. SEX: MALE

4. PLEASE STATE IF MOTHER IS: DECEASED
(If mother is deceased, state date of death)

5. FATHER'S (Other full name): ALAN
Mother's (Other full name): JOHN
Age: 30 Years of ONT.
Citizenship: CANADIAN

6. MOTHER'S (Other full name): PEGGY
Father's (Other full name): SUEAN
Age: 18 Years of ONT.
Citizenship: CANADIAN

7. Name of child: SINAI 8. Name of child: ELLY 9. Length of pregnancy: 39
Date of birth: Nov 24 1973 Date of birth: Nov 24 1973 Date of birth: Nov 24 1973

10. Total number of children: (a) Number born alive including this child: 2 children
(b) Number stillborn: 0
(c) Number born dead after 28 weeks gestation: 0

11. Present address of child's mother: 1171 ST JAMES ST. S.
City: WILKINSON State: ONT.

12. Name of medical practitioner or nurse in attendance at birth: DR. G. HUNT
Place of birth: WILKINSON CLINIC

13. I certify that the above information is true and correct as far as the facts are concerned and that I am a duly qualified medical practitioner or nurse in attendance at birth.
Signature: DR. G. HUNT Date: 26 12 73
Address: 1171 ST JAMES ST. S.
WILKINSON ONT

14. I am authorized as an administrator and authorized to sign and register the birth by signing the statement.
Signature: J. T. T. T. Date: 26 12 73
Address: 3151 ST JAMES ST. S.
WILKINSON ONT

RECEIVED
DEC 6 - 1973
G.L.

Judith M. Hartman

Judith M. Hartman
Deputy Registrar General
Registraire générale adjointe
de l'état civil

—CERTIFIED COPY—
NOT VALID WITHOUT ALL PAGES



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