



**JOSEPH R. BIDEN, III**  
ATTORNEY GENERAL

**DEPARTMENT OF JUSTICE**  
820 NORTH FRENCH STREET  
WILMINGTON, DELAWARE 19801

PHONE (302) 577-8338  
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**APPLICATION FOR IDENTITY THEFT PASSPORT**

Please type or print legibly.

**Name** \_\_\_\_\_  
Last First Middle

**Prior Name** \_\_\_\_\_  
Last First Middle

**Mailing Address** \_\_\_\_\_  
Street or PO Box City State Zip code

**Other Address** \_\_\_\_\_  
Street or PO Box City State Zip code

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_  
City State County

**Gender** \_\_\_\_\_ **Male** \_\_\_\_\_ **Female Drivers License** \_\_\_\_\_  
State Number

**CRIME INFORMATION**

**Date you discovered the theft** \_\_\_\_\_

**County and State where theft occurred** \_\_\_\_\_

**Law enforcement agency taking police report** \_\_\_\_\_

**Police report number** \_\_\_\_\_ **Date of police report** \_\_\_\_\_

**Has the person who stole your information been identified?** \_\_\_\_\_ **Yes** \_\_\_\_\_ **No**

**If yes, suspect's name** \_\_\_\_\_

