



MATTHEW P. DENN  
ATTORNEY GENERAL

DEPARTMENT OF JUSTICE  
820 NORTH FRENCH STREET  
WILMINGTON, DE 19801

PHONE (800) 220-5424  
FAX (302) 577-6499

**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** \_\_\_\_\_

**Has an arrest been made?** YES \_\_\_ NO \_\_\_ I DON'T KNOW \_\_\_

(Please continue on page 2)

**Provide a brief description of the theft including what was stolen (e.g. credit card, SSN, etc.) and the numbers of any accounts that have been affected.**

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**Please provide any supporting documentation that may substantiate a claim of identity theft. Supporting documents include but are not limited to a completed identity theft affidavit, receipts or bills from creditors showing unauthorized use, utility accounts created using your name without permission, fraudulent checks, bank statements or any other evidence that your identity has been used without your consent.**

**CERTIFICATION**

I hereby certify with my signature below that the information provided on this form is true and accurate to the best of my knowledge and that I have filed a police report of this incident. I understand if I knowingly provide false information, I may be subject to prosecution.

\_\_\_\_\_  
**Applicant Signature**

**Date:** \_\_\_\_\_

**Please mail or fax this form to:**

Department of Justice – ID Theft Passport Program  
Consumer Protection Unit  
Carvel State Office Building  
820 N. French St., Fifth Floor  
Wilmington, DE 19801

Fax: (302) 577-6499

**For additional information call:**

(302) 577-8600 in New Castle County or  
(800) 220-5424 in Sussex and Kent Counties