Kathleen Jennings
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.

_____

_____

_____

_____

_____

_____

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