

Name: _____ Date of Birth: _____

_____ Address: _____

_____ Contact Number: _____

_____ Document Lost: _____

_____ Date of Loss: _____

_____ Place of Loss: _____

_____ Reason for Loss: _____

**I, _____, of legal age, and residing at _____, do hereby swear that the above-stated information is true and correct to the best of my knowledge and belief. I further swear that I will report any information regarding the recovery of the lost document.

Subscribed and sworn to before me this _____ day of _____, 20, in the City/Municipality of _____.

_____ Affiant

_____ Notary Public

Doc. No. _____ Page No. _____ Book No. _____ Series of 20 _____