Adult Simplifi	ed Rei	newal P	assp	ort	ilaaA	cation		Protected B when	completed	
for eligible Car	nadians app	lying in Can	ada or	fror	n the U	SA				
Warning —Any false or misleading statement the concealment of any material fact, may re-	nt with respect to t esult in the refusa	his application and I to issue a passpor	any suppo t, the revo	orting o	document, ir of a curren	ncluding tly valid				
passport, or the refusal of passport services, processed if you fail to complete all of the re	equired sections o	f this form and/or re	fuse to co	nsent	to the excha	ange or				
disclosure of any personal i Type or print in CA	•	•			es.					
(1) Personal Infor					H)					
Surname (last name)										
0:										
Given name(s)								ate of travel		
Surname (last name) at birth								Month Da	^у	
								Unknown		
Former surname (last name)				Mother's maiden name						
,										
Date of birth Place of bi	rth									
Year Month Day City	ity			Country				Prov./Terr./State (if applicable)		
Sex Female Marital status	Eye	colour	Current hair colour		r colour	Height (cm/in)		Weight (kg/lb		
Male										
Current home address										
Number Street	,	Apartment City					Province/Terri	tory/State Postal/Z	IP code	
Mailing address (if different from abo	ve)									
Number Street Apartment City							Province/Terri	tory/State Postal/Z	IP code	
Telephone (daytime) Telephone (other)				Cell number or email address (optional)						
photos enclosed are unaltered and a true likeness of me, that all of the statements made and the information provided in this application, as well as any supporting documents, are true. I declare that I have read and understood the Warning at the top of this page and the Privacy Notice							ithin border			
Statement (see instructions section K). I consent to the collection, use and disclosure of my personal information by Passport Program,								44 110		
Citizenship and Immigration Canada, other federal government institutions, Government of Canada offices abroad and third party			es _{Date}		Signa	ture (see Ins	estructions, section H)			
as outlined in the Privacy Notice State					Mont	/lonth Day City		Province/Territory/State		
(2) Previ	ous Canadi	an Passport	/soo lr	netr	uctions	soction	<u> </u>	Flovilice/Te	TILOT Y/State	
		-	(366 11		e of issue	, section	Date of expi	n,		
 Enclose any Canadian passport iss within the last six (6) years. 	sued to you	Number				onth Day	Year	Month Day		
If you cannot submit the previous	passport, or	if the previous	passpor	rt is c	lamaged,	you cann	⊥ ot use this	form.]	
 Would you like the previous passpopersonal information. 									r	
Yes, please return the previou	is passport to	me.								
(3)		Canadian C	itizens	ship						
To be completed if you were born o	utside of Can	ada between Fe	bruary '	15, 1	977 and <i>A</i>	April 16, 19	981 inclusi	ve.		
a) Are you a naturalized Canadian, Canadian citizenship following im	•	() . •	es Þ Go	to pa	age 2	○ No I	Continue	e to question b)	
b) Was one of your parents born in	•		es Þ Go	to pa	age 2	○ No I	Continue	e to question c)	
c) When was your current certificate		\circ	,	i.	J		,			
_	Submit the certificate with your application (original only).									
○ Before January 1, 2007 Complete and submit form PPTC 001, Proof of Canadian Citizenship—Additional Information, available online at passportcanada.gc.ca.										
(pasoportourio								



