

**CONSULATE GENERAL OF THE UNITED STATES OF AMERICA
3 REGENT TERRACE
EDINBURGH EH7 5BW
PH: 0131-556-8315**

STATEMENT IN SUPPORT OF APPLICATION FOR SECOND PASSPORT

I, _____,
(please state full name, including maiden name if applicable)

do hereby make an application for a second United States passport because:

Should either the second passport or my principal passport become lost or stolen, I shall immediately notify the nearest U.S. Embassy, Consulate, or Passport Agency.

Signature of Affiant

Subscribed and sworn to before me this _____ day of _____ 20____

Signature of Officer

Rank/Title/Place