

SWORN AFFIDAVIT DUE TO PASSPORT LOSS

I _____, the undersigned, Dominican national, of legal age/a
minor, with National Identity and Electoral Cédula No. _____, residing in
_____, in the City of _____,
Estate of _____, and zip code _____, with Driver's
License No. _____, hereby declare that I am a Dominican by
birth/naturalized and that I have lost my Dominican Passport No. _____
on the Date of _____.

Briefly explain the facts leading to the loss:

SIGNATURE

ON BEHALF OF THE GENERAL CONSULATE OF THE DOMINICAN REPUBLIC IN CALIFORNIA, I
CERTIFY THAT THE ABOVE SIGNATURE WAS PERFORMED IN MY PRESENCE, AND AS CONSUL
GENERAL I CERTIFY THIS FACT.

**CELESTE JIMÉNEZ
CONSUL GENERAL**