

الجمهورية الجزائرية الديمقراطية الشعبية

People's Democratic Republic of Algeria

Consulate General of Algeria
New York



القنصلية العامة للجزائر
نيويورك

Affidavit of Loss

I, the undersigned,

First name:

Last name:

Date of Birth: (dd/mm/yyyy)

Place of Birth:

declare on my word of honor that I have lost my military card, OR, my military card was stolen.

- Military card number:

- Date of issuance:

Date:

Signature: