



NEW YORK CITY CORRECTION DEPARTMENT
APPLICATION INVESTIGATION UNIT
75-20 ASTORIA BLVD, SUITE 250
EAST ELMHURST, NY 11370
718-546-3248 (TEL)
718-546-6072 (FAX)

PASSPORT INQUIRY/INTERPOL FORM

DATE: _____

Name: _____

Exam #: _____

Last Four of the S.S.#: _____

List#: _____

1. Do you currently have a United States Passport? Yes ☐ No ☐

2. Do you possess more than one Passport? Yes ☐ No ☐

If you checked yes please list for which countries _____

3. Do you have Dual Citizenship? Yes ☐ No ☐

If you checked yes please list for which countries _____

Signature _____