

Click in the boxes to fill in your information. When your information is complete, print out the form for mailing. Then, click the Reset Form button to prevent your information from appearing when others access this form.

STATE OF OKLAHOMA  
Identity Theft Passport Request  
VICTIM INFORMATION SHEET

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE

HOME PHONE: ( ) \_\_\_\_\_

FOR STATISTICAL PURPOSES ONLY:

WORK PHONE: ( ) \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_ RACE: \_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATE YOU BECAME AWARE OF THEFT: \_\_\_\_\_  
CITY/COUNTY & STATE WHERE THEFT OCCURRED: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

LOCALITY WITH WHICH YOU FILED POLICE REPORT(S): \_\_\_\_\_

NAME & PHONE NUMBER OF OFFICER WHO TOOK YOUR REPORT: \_\_\_\_\_

COPY OF POLICE REPORT ATTACHED? (Report must be filed in Oklahoma.) YES \_\_\_\_\_ NO \_\_\_\_\_

NAME OF COURT THAT ISSUED EXPUNGEMENT ORDER/DATE OF ORDER: \_\_\_\_\_

HAS THE PERSON WHO STOLE YOUR INFORMATION BEEN IDENTIFIED? YES \_\_\_\_\_ NO \_\_\_\_\_

IF SO, HAS THE SUSPECT BEEN ARRESTED? YES \_\_\_\_\_ NO \_\_\_\_\_ DON'T KNOW \_\_\_\_\_

IF YES, GIVE THE NAME OF THAT SUSPECT: \_\_\_\_\_

TYPE OF THEFT/INVOLVEMENT: *Credit Card(s)*  *SSN Misuse*  *Driver's Lic.*  *Passport*  *Stolen Checks*   
*Mail*  *ATM*  *Income Tax Fraud*  *Civil/Crim. Judgment*  *Insurance Coverage*  *Ind. Dept. Store Accts.*

GIVE BRIEF DESCRIPTION OF THE INCIDENT(S) OF YOUR ID THEFT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(PLEASE CONTINUE ON BACK OF THIS FORM, IF NECESSARY.)

PLEASE READ BEFORE SIGNING: PLEASE KNOW THAT, IN ACCORDANCE WITH §589 OF TITLE 21, OKLAHOMA STATE STATUTES, IT SHALL BE UNLAWFUL FOR ANY PERSON TO GIVE FALSE REPORTS TO LAW ENFORCEMENT OFFICIALS. VIOLATIONS OF THIS PROVISION WILL BE PROSECUTED TO THE FULLEST EXTENT OF THE LAW.

BY SIGNING THIS REPORT, I ATTEST THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE, AND I ACKNOWLEDGE THAT I DID FILE AN ACCURATE AND TRUE POLICE REPORT OF THIS INCIDENT, A COPY OF WHICH IS ATTACHED.

SIGNATURE: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

PRINT FORM

RETURN THIS FORM TO:

IDENTITY THEFT PASSPORT UNIT  
OKLAHOMA STATE BUREAU OF INVESTIGATION  
6600 NORTH HARVEY  
OKLAHOMA CITY, OK 73116

RESET FORM

PLEASE INFORM THIS OFFICE, IN WRITING, OF ANY CHANGES IN YOUR ADDRESS.

*The Identity Theft Passport Unit of the OSBI can be contacted by telephone at #405/848-6724.*