

# Certification of Lost Belonging

[Organization/Authority Name]

[Address of Organization/Authority]

**Document No.:** \_\_\_\_\_

**Date:** \_\_\_\_\_

This is to certify that the following individual has reported the loss of a personal belonging:

Full Name:

Address:

Contact Number:

Description of Lost Belonging:

Date Lost:

Place Where Item Was Lost:

The above information was reported to this office on the date indicated. This certification is issued for whatever legal purpose it may serve.

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Authorized Officer/Representative

[Name & Position]