



Statutory Declaration of Common-law Union Social Development Sectors Branch Statutes (Single signature)

| SECTION A - TO BE COMPLETED BY THE APPLICANT | Social Insurance Number | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| Canada, Province or Territory of _____ <small>province or territory</small> | To Wit: | | | | | | | | | | | | |
| In the matter of Social Development Sectors Branch Statutes and In the Matter of Common-Law Union | | | | | | | | | | | | | |
| I, _____, of _____, county _____, in the province or territory of _____, solemnly declare that _____ and I lived together for _____ continuous year(s) from _____ to _____. | | | | | | | | | | | | | |
| <p>1. Are there children of the common-law union? This would include adopted children or children of one common-law partner to whom the other acted as a parent. No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, please provide the following information:</p> <p>The following is information on each child. (If more space is required, attach a separate sheet.)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">First name</th> <th style="width:30%;">Legal last name</th> <th style="width:20%;">Last name commonly used</th> <th style="width:20%;">Date of birth</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | First name | Legal last name | Last name commonly used | Date of birth | | | | | | | | |
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| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| <p>2. My common-law partner and I:</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">a) Jointly signed a residential lease, mortgage or purchase agreement relating to a residence in which we both lived.</td> <td style="width:33%;">b) Jointly owned property other than our residence.</td> <td style="width:33%;">c) Had joint bank, trust, credit union or charge card accounts.</td> </tr> <tr> <td style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </table> | | a) Jointly signed a residential lease, mortgage or purchase agreement relating to a residence in which we both lived. | b) Jointly owned property other than our residence. | c) Had joint bank, trust, credit union or charge card accounts. | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | |
| a) Jointly signed a residential lease, mortgage or purchase agreement relating to a residence in which we both lived. | b) Jointly owned property other than our residence. | c) Had joint bank, trust, credit union or charge card accounts. | | | | | | | | | | | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | |
| 3A. I had life insurance on myself that named my common-law partner as beneficiary. Yes <input type="checkbox"/> No <input type="checkbox"/> | 3B. My common-law partner had life insurance on him/herself that named me as beneficiary. Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | |
| 4. If none of the above sections apply, what other documentary evidence are you aware of that would support your conjugal relationship as common-law partners? | | | | | | | | | | | | | |
| <p>I hereby declare that, to the best of my knowledge, the information on this declaration is true and complete. I realize that my personal information is governed by the Privacy Act and may be disclosed where authorized under the Old Age Security Act and the Canada Pension Plan.</p> <p>Your Name (Please print) _____</p> <p style="text-align: right;">Your Signature X</p> | | | | | | | | | | | | | |
| <p>Was the form completed and signed by someone other than the applicant? If yes, that person must complete the section below and submit proof that they are authorized to act on behalf of the client. Call us at 1 800 277-9914 to find out what documents are required.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Name</td> <td style="width:30%;">Relationship to applicant</td> <td style="width:20%;">Telephone number</td> <td style="width:20%;">Date</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> | | Name | Relationship to applicant | Telephone number | Date | | | | | | | | |
| Name | Relationship to applicant | Telephone number | Date | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Address | Signature X | | | | | | | | | | | | |

SECTION B - TO BE COMPLETED BY THE COMMISSIONER FOR OATHS

| | | |
|--|---------------------------------------|-------------------------------------|
| Declared before me at _____, county of _____, in the province or territory of _____ this _____ day of _____. | | |
| Name of Commissioner (Please print) | Signature of Commissioner X | Name of Organization (Please print) |



Service Canada Offices

Your form(s) should be mailed to the nearest Service Canada office. These offices are shown below. If you need any help while you are completing your form(s) and you are in **Canada or the United States**, you can phone our toll-free number **1 800 277-9914**. For people with speech or hearing impairments using a teletypewriter device TTY, call **1 800 255-4786**. Please have your social insurance number ready. **Note:** If you are applying from outside of Canada, mail your form(s) to the office in the province where you last resided.

NEWFOUNDLAND AND LABRADOR

Service Canada
P.O. Box 9430
St. John's NL A1A 2Y5

ONTARIO (Timmins)

Service Canada
P.O. Bag 2013
Timmins ON P4N 8C8

PRINCE EDWARD ISLAND

Service Canada
P.O. Box 20105
Sherwood Postal Outlet
Sherwood PE C1A 9E3

ONTARIO (Chatham)

Service Canada
P.O. Box 2020
Chatham ON N7M 6B2

NOVA SCOTIA

Service Canada
P.O. Box 1687
Station Central
Halifax NS B3J 3J4

MANITOBA AND SASKATCHEWAN

Service Canada
P.O. Box 818
Station Main
Winnipeg MB R3C 2N4

NEW BRUNSWICK

Service Canada
P.O. Box 250
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Service Canada
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Main Station
Edmonton AB T5J 4C2

QUEBEC

Service Canada
P.O. Box 1816
Quebec QC G1K 7L5

BRITISH COLUMBIA AND YUKON

Service Canada
P.O. Box 1177
Victoria BC V8W 2V2

ONTARIO (Scarborough)

Service Canada
P.O. Box 5100
Postal Station "D"
Scarborough ON M1R 5C8

Ce formulaire est disponible en français - ISP-3501F