COMMON-LAW PARTNER STATUTORY DECLARATION 1

(To be used by the person claiming to be the common-law partner.)

Privacy statement

The collection, use and disclosure of personal information by the Indigenous Services Canada / Crown-Indigenous Relations and Northern Affairs Canada Estates program is authorized under the *Indian Act* (http://laws-lois.justice.gc.ca/eng/acts/I-5/FullText.html), and is in accordance with the requirements of the *Privacy Act* (https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html). Information collected will be used exclusively to determine your relationship to the deceased pursuant to section 2 of the *Indian Act*. Your relationship to the deceased cannot be considered if you do not provide your personal information. Personal information will be retained pursuant to the *Privacy Act* and its *Regulations*. The collection of information is described in the Personal Information Bank PPU 105 located in the departmental Info Source publication online at https://www.sac-isc.gc.ca/eng/1353081939455 or https://www.rcaanc-cirnac.gc.ca/eng/1353081939455. Individuals have the right to the protection of, access to and request the correction of their personal information under the *Privacy Act*. If you require clarification concerning the Privacy Notice Statement, please contact the Departmental Access to Information and Privacy Office at 1-819-997-8277 or by email at upvp-ppu@sac-isc.gc.ca. For more information on privacy issues, your right to file a complaint and the *Privacy Act* in general, you can consult the Privacy Commissioner at 1-800-282-1376

In the matter of the *Indian Act, R.S.C.* 1985, C. I-5 and amendments thereto and in the matter of the estate of

_____ registration number (10 digits) _____ of the First Nation / Band
Name of deceased

_____.
First Nation / Band name

STATUTORY DECLARATION

I, _____, surviving common-law partner of _____
Name Name of deceased

_____
Address (number / street / apartment / P.O. box, city or town, province/territory, postal code)

DO SOLEMNLY DECLARE THAT:

1. _____ died at _____
Name of deceased City/Town

Province/Territory on the _____ of _____, _____, and was ordinarily resident of
Day Month Year

_____ at the time of death.
Town/Reserve

2. At the time of her/his death, I was cohabiting with _____
Name of deceased

in a conjugal relationship, having so cohabited for a period of at least one year immediately preceding and at the date of death.

AND I MAKE THIS SOLEMN DECLARATION conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of the *Canada Evidence Act.*

SWORN/AFFIRMED BEFORE me

at _____,

in the province/territory of _____,

on the _____ of _____, _____,
Day Month Year

Signature of common-law partner

A Commissioner for Oaths in the

province/territory of _____

My commission expires (YYYYMMDD) _____

Signature of commissioner for oaths