



COMMON-LAW PARTNER STATUTORY DECLARATION 2

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) (<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) (<https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html>). Information collected will be used exclusively to determine the deceased's relationship at the time of death 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) _____

Name of deceased

of the _____ First Nation/Band.

STATUTORY DECLARATION

I, _____, of _____
Name

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

DO SOLEMNLY DECLARE THAT:

1. a) State deponent's relationship to _____
Name of deceased

b) State basis of deponent's knowledge of the common-law relationship

2. I verily believe that at the time of _____ death on the _____
Name of deceased

Day of _____ Month, _____ Year,

_____ was cohabiting with the deceased in a conjugal relationship, and had so cohabited

Name of common-law partner

for a period of at least one year immediately preceding and at the date of

_____ 's death.

Name of deceased

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 _____ Day of _____ Month, _____ Year,

Signature of deponent

A Commissioner for Oaths in the

province/territory of _____

My commission expires (YYYYMMDD) _____

Signature of commissioner for oaths