Développement des ressources humaines Canada Programmes de la sécurité du revenu

OAS/CPP

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Statutory Declaration of Common-law Union Income Security Programs Statutes (Single signature)

 use a pen and print as clearly as possible. 			Social Insurance Number	
SECTION A - TO BE COMPLETED BY THE APPLICANT				
Canada, Province or Territory of		In the matter of Income Security Programs Statutes		
province or territory		o Wit:	and In the Matter of Common-Law Union	
·				
I,name	, of	ne of city, town or village	,	county
in the province or territory of, province or territory		solemnly declare that name of common-law partner		
and I lived together for continuous year(s) from		to		
number of year(s)		day/month/year		
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. If yes, please provide the following information:				
The following is information on each child. (If more space is required, atta First name Legal last name			neet.) t name commonly used Date of birth	
2. My common-law a) Jointly signed a residential lease, partner and I: 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	No	Yes N	No	Yes No
3A. I had life insurance on myself that named my common-law partner as beneficiary. 3B. My common life insurance that named			partner had him/herself s beneficiary.	Yes No
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?				
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 <i>Privacy Act</i> and may be disclosed where authorized under the <i>Old Age Security Act</i> and the <i>Canada Pension</i>				
Plan. Your Name (Please print)		Your Signature		
Was the form completed and signed by someone other than the applicant?				
If yes, that person must complete the section belofind out what documents are required.			n behalf of the client. C	Call us at 1 800 277-9914 to
Name	elationship to applicant	Telephone r	number -	Date
Address		Signature		<u> </u>
		x		
SECTION B - TO BE COMPLETED BY THE COMMISSIONER FOR OATHS				
Declared before me at county of				
Declared before me at , county of , county of , county of ,				
in the province or territory of		day of		- , —— .
	nce or territory	day	month	year
Name of Commissioner (Please print)	Signature of Commission	oner	Name of Organiza	tion <i>(Please print</i>)

Human Resources Development Canada Offices

Your form(s) should be mailed to the nearest Human Resources Development Canada (HRDC) 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 (TTD/TTY), call **1 800 255-4786**. Our lines are busiest at the beginning and end of each month, so if your business can wait, it's best to call at other times. 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.

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Human Resources Development Canada P.O. Box 9430 St. John's NL A1A 2Y5

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