

Northwest Territories and Nunavut

## Statutory Declaration for Dependents Other Than Widow or Widower

NORTHWEST	TERRITORIES TO WIT: I,	do solemnly declare THAT:
		(PLEASE FILL IN NAME IN FULL)
1. I am the	of	who died on the
	(RELATIONSHIP TO DECEASED)	(NAME OF DECEASED)
day of	(Year)	as a result of a personal injury by accident sustained on the
day of	(Year)	at
		(PLEASE GIVE NAME OF CITY, TOWN OR OTHER PLACE)
while, in the emp	loy of	or principally engaged as a hunter or trapper.
2. I was born or	the day of	(Year)
	or partially dependent on the decease y necessities of life (i.e. food, shelter	ed at the time of the deceased's death, for the provision ; clothing). YES NO
4. I was depend	ent on the deceased for his/her cont	ribution for my support and maintenance for years.
	d amounts of contributions made by n, cheque, money order, bank draft o	the deceased for my support in the last <b>three</b> years, r by food, housing etc. are:
		* Include all receipts or records that confirm payments.*
6. I have an inde	ependent or anticipated source of inc	come: YES NO Which is derived from:
7. The amount of	f income I derive from this source is	:
8. I have been i	n receipt of this income for:	
9. I have month	y living expenses of:	

11. To my knowledge, the decea	ised was married YES N	NO and was s	urvived by a spouse a	nd/or
children YES NO				
2.To my knowledge, these othe	er individuals were dependent on t	he deceased at	the time of the deceas	sed's death:
Name	Address	Date of Birt		Marital Status
3.I wish to supply the following	other information to support my c	laim that I was	dependent on the dece	eased:
3.I wish to supply the following	other information to support my c	laim that I was	dependent on the dece	eased:
3.I wish to supply the following	other information to support my c	laim that I was	dependent on the dece	eased:
	other information to support my c		dependent on the dece	eased:
am residing at:	) other information to support my c	laim that I was	dependent on the dece	
am residing at:(STREET A				
am residing at:(STREET A			(CITY, TOWN OR OTHER	PLACE)
am residing at:	DDRESS AND/OR P.O. BOX NUMBER)	in (Postal coi	(CITY, TOWN OR OTHER DE) (PHONE – INCLU	PLACE) DE AREA CO
am residing at:	DDRESS AND/OR P.O. BOX NUMBER) (PROVINCE/TERRITORY)	in (Postal coi	(CITY, TOWN OR OTHER DE) (PHONE – INCLU	PLACE) DE AREA CO
am residing at:	DDRESS AND/OR P.O. BOX NUMBER) (PROVINCE/TERRITORY) f of myself and I have not concea	in (Postal coi	(CITY, TOWN OR OTHER DE) (PHONE – INCLU	PLACE) DE AREA COI
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