



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 employ of _____ or principally engaged as a hunter or trapper.

2. I was born on the _____ day of _____ (Year) _____ .

3. I was wholly or partially dependent on the deceased at the time of the deceased's death, for the provision of the ordinary necessities of life (i.e. food, shelter, clothing). YES NO

4. I was dependent on the deceased for his/her contribution for my support and maintenance for _____ years.

5. The dates and amounts of contributions made by the deceased for my support in the last **three** years, made by cash, cheque, money order, bank draft or by food, housing etc. are:

*** Include all receipts or records that confirm payments.***

6. I have an independent or anticipated source of income: YES NO Which is derived from:

7. The amount of income I derive from this source is: _____

8. I have been in receipt of this income for: _____

9. I have monthly living expenses of: _____
