



Statutory Declaration - Separation of Legal Spouses or Common-law Partners
Social Development Sectors Branch Statutes

It is very important that you:

- 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
To Wit:
In the matter of Social Development Sectors Branch Statutes and In the Matter of Separation of Legal Spouses or Common-law Partners

I, name, of name of city, town or village, county of
county, in the province or territory of province or territory, solemnly declare that:
my legal spouse or common-law partner name of spouse or common-law partner, and I are/were living separate and apart.

1. We lived separate and apart from day/month, year to day/month, year
for the following reason(s):

2. My spouse or common-law partner and I last resided together on the day of month, year

3. During our separation my spouse or common-law partner lived in a common-law relationship with someone else. No Yes If yes, please complete number 4.

4. The name and current address of the person with whom my spouse or common-law partner lived in a common-law relationship is:

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 Privacy Act and may be disclosed where authorized under the Old Age Security Act and the Canada Pension Plan.
Your Name (Please print) Your Signature X

Was the form completed and signed by someone other than the applicant?
If yes, that person must complete the section below and submit proof that they are authorized to act on behalf of the client. Call us at 1 800 277-9914 to find out what documents are required.
Name Relationship to applicant Telephone number Date
Address Signature

SECTION B - TO BE COMPLETED BY THE COMMISSIONER OF OATHS

Declared before me at name of city, town or village, county of county,
in the province or territory of province or territory this day of month, year.
Name of Commissioner of Oaths (Please print) Signature of Commissioner of Oaths X Name of Organization (Please print)



## Service Canada Offices

Your form(s) should be mailed to the nearest Service Canada 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 TTY, call **1 800 255-4786**. 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.

### NEWFOUNDLAND AND LABRADOR

Service Canada  
P.O. Box 9430  
St. John's NL A1A 2Y5

### ONTARIO (Timmins)

Service Canada  
P.O. Bag 2013  
Timmins ON P4N 8C8

### PRINCE EDWARD ISLAND

Service Canada  
P.O. Box 20105  
Sherwood Postal Outlet  
Sherwood PE C1A 9E3

### ONTARIO (Chatham)

Service Canada  
P.O. Box 2020  
Chatham ON N7M 6B2

### NOVA SCOTIA

Service Canada  
P.O. Box 1687  
Postal Station "M"  
Halifax NS B3J 3J4

### MANITOBA AND SASKATCHEWAN

Service Canada  
P.O. Box 818  
Station Main  
Winnipeg MB R3C 2N4

### NEW BRUNSWICK

Service Canada  
P.O. Box 250  
Fredericton NB E3B 4Z6

### ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT

Service Canada  
P.O. Box 2710  
Main Station  
Edmonton AB T5J 4C2

### QUEBEC

Service Canada  
P.O. Box 1816  
Quebec QC G1K 7L5

### BRITISH COLUMBIA AND YUKON

Service Canada  
P.O. Box 1177  
Victoria BC V8W 2V2

### ONTARIO (Scarborough)

Service Canada  
P.O. Box 5100  
Postal Station "D"  
Scarborough ON M1R 5C8

Ce formulaire est disponible en français - ISP-3501F