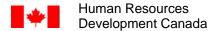
Social Insurance Number



OAS/CPP

Personal Information Banks SDC PPU 116 and 146

STATUTORY DECLARATION OF LEGAL MARRIAGE (Social Development Sectors Branch Statutes)

SECTION A - TO BE COMPLETED BY THE APP	PLICANT						
Canada PROVINCE / TERRITORY OF			To Wit:		evelopment	Matter of Sectors Branch Statutes and of Legal Marriage	
I,							
of the (City, Town, Village)		county o	of				
in the province / territory of		-					
Solemnly Declare, that: I am/was legally married to							
My spouse/former spouse and I were married at (Name of church or City Hall etc.)							
f the (City, Town,Village) county of							
in the province / territory of	on the		day of				
The ceremony was performed by							
The names and current addresses of two witnesses to the marriage ceremony are: *							
1.A		1.B					
*(If a witness is deceased or an address is not known, please indicate)							
2. I am unable to produce a marriage certificate as proof of my marriage for the following reason(s):							
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 Plan</i> .							
Your Name (Please print)			Your Signature				
			x				
Name of Spouse or Former Spouse (Please print) Signature of Spouse or Former Spouse							
		Х					
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 F	Relationship to applicant		. 7	Telephone numbe	r	Date	
Address				Signature			
				(
SECTION B - TO BE COMPLETED BY THE COMMISSIONER FOR OATHS							
Declared before me at the (City, Town, Village)		county	of				
in the province / territory of		this	this day of				
Name of Commissioner (Please print)	Signature of Commission	er		Name of Organ	nization (Ple	ease 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

PRINCE EDWARD ISLAND

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

NOVA SCOTIA

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

NEW BRUNSWICK

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

QUEBEC

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

ONTARIO (Scarborough)

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

ONTARIO (Timmins)

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

ONTARIO (Chatham)

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

MANITOBA AND SASKATCHEWAN

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

ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT

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

BRITISH COLUMBIA AND YUKON

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

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