



## SECURE CERTIFICATE OF INDIAN STATUS STATUTORY DECLARATION CONCERNING A LOST, STOLEN, DAMAGED OR DESTROYED SCIS

### Privacy Act Statement

Personal information provided in this document is collected by Aboriginal Affairs and Northern Development Canada (AANDC) under the authority of the *Indian Act*. Individuals have the right to the protection of and access to their personal information under the *Privacy Act*. The information provided is voluntary. Failure to provide sufficient information may render the application invalid or may result in processing delays. Information provided is subject to routine verifications, including verifications against the Indian Register. AANDC may, for the purpose of receiving applications, collect personal information from Indian Registry Administrators. Furthermore, personal information will be disclosed to a third party for the purpose of printing the SCIS. In the performance of these duties, personal information will be processed and used in accordance with the provisions of the *Privacy Act*. Further details on the collection, use and disclosure of personal information are described under the Personal Information Bank INA PPU 110, which is detailed at a [www.infosource.gc.ca](http://www.infosource.gc.ca).

Pursuant to Aboriginal Affairs and Northern Development Canada's policy regarding the processing of Secure Certificates of Indian Status (SCIS) applications, "a registered Indian shall have only one valid Certificate of Indian Status (CIS) or SCIS at any one time". It is therefore necessary to submit this statement with an application for a new SCIS when a previous SCIS cannot be presented.

### NOTICE TO ALL APPLICANTS

The SCIS remains at all times the property of the Government of Canada and must only be used by the person whose name it is issued. Any false or misleading statements on this form or relating to any document in support of this application, including concealment of any material fact, selling a SCIS or permitting any other individual or agency to use your SCIS may lead to criminal prosecution and is cause for revocation of the SCIS and refusal of any future SCIS.

### A Applicant Information (Complete in block letters using black or dark blue ink)

Family Name (Last Name)	Given Name(s)
-------------------------	---------------

Complete the following only if Statutory Declaration is in support of a Child/Dependent Adult Application (83-108E/83-131E)	
Child/Dependent Adult's Family Name (Last Name)	Child/Dependent Adult's Given Name

Date of Birth (YYYYMMDD)
--------------------------

Indian Registry No. (For Adult Application include applicant's Registry No., for Child/Dependent Adult Application include child/dependent adult's Registry No.)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										

(Continue on Page 2)



**B Applicant Declaration**

*I hereby declare that:*

1. the SCIS No. \_\_\_\_\_, issued

in my name

or

in the child's name/name of dependent adult

became  Lost  Stolen  Damaged  Destroyed on

Approximate Date (YYYYMMDD)

Location

under the following circumstances (provide a full and detailed explanation including details regarding the last time the card was seen or used):

2. I have made the following efforts to locate my SCIS:

If stolen, a police claim has been filed with \_\_\_\_\_  
(Office, Location and Telephone No.)

on \_\_\_\_\_ Police Claim No. \_\_\_\_\_  
(YYYYMMDD)

3. I declare that I have not given my SCIS to another person or disposed of it in an unauthorized manner, that a SCIS, once reported lost, stolen, damaged or destroyed, is no longer valid and is not to be used further. Should I regain possession of the above-noted SCIS I understand that I am to return it immediately to the nearest AANDC Regional or District Office.

**DECLARATION: I solemnly declare that, to my knowledge, the statements made in this declaration are true.**

Signed at (Location)	Province/Territory/State	Signature of Applicant <b>X</b>	Date (YYYYMMDD)
----------------------	--------------------------	------------------------------------	-----------------

**This form must be completed and signed before a qualified official who has the authority to administer an oath or solemn declaration**

**C Official Information and Declaration**  Commissioner for Oaths  Notary Public  Lawyer

Family Name (Last Name)

Given Name(s) Telephone No. (Daytime)  
( )

Business Name, Address or Permanent Residence Address  
Number/Street/Apartment/P.O.Box City/Town Province/Territory/State Postal/ZIP Code

<b>Declaration made before me on</b>	Date (YYYYMMDD)	Signature of Official (Affix stamp) <b>X</b>
Signed at (Location)	Province/Territory/State	