

Statutory Declaration

This section is only to be completed if you cannot provide a photocopy of valid government ID OR if you do not have evidence of your relationship with the deceased Class Member.

DO NOT COMPLETE THIS STATUTORY DECLARATION IF YOU ARE PROVIDING A PHOTOCOPY OF A VALID GOVERNMENT ID WITH YOUR APPLICATION AND HAVE PROOF OF YOUR RELATIONSHIP WITH THE DECEASED CLASS MEMBER.

I declare that the information I have provided in this form is true to the best of my knowledge.

First name and last name (Printed)

*(Required)

Date of Birth

*(Required)

Signature

*(Required)

Signing date
DD / MM / YYYY

*(Required)

The declaration on page 1 must be witnessed by a Guarantor, who must complete the fields on pages 3 and 4.

The Guarantor only needs to see the Applicant sign this page. As Guarantor, you are not required to read the Form or verify the accuracy of the events described in this Form.

A Guarantor can hold one of the following positions:

- Border Service Officer
- Certified Aboriginal Financial Manager
- Certified / Registered Accountant
- Commissioner of Oaths
- Correctional Officer
- Chief / Hereditary Chief
- Clan Mother
- Midwife
- Federal or Provincial Court Judge or Justice of the Peace
- Government Councilor, including Chief or Band Councilor
- Indian Registration Administrator
- Indigenous / Aboriginal Liaison Officer
- Inuit Community Leader / First Nation
- Elder / Traditional Practitioner
- Lawyer
- Licensed Medical Doctor / Physician
- Northern Villages' Secretary Treasurer
- Notary Public
- Peace Officer
- Pharmacist
- Police Officer
- Psychologist / Psychiatrist
- Registered Clinical Counsellor
- Registered Occupational Therapist
- Registered Social Worker

Guarantor first name
***(Required)**

Guarantor last name
***(Required)**

**Guarantor middle
name(s)**
(if applicable)

**Guarantor
phone number**
***(Required)**

**Guarantor email
address**

**Guarantor
position held**
***(Required)**

**Guarantor street
name and number**
***(Required)**

Office / unit number
(if applicable)

City / town / village /
First Nation or
reserve
***(Required)**

Province /
territory
***(Required)**

Country
***(Required)**

Postal code
***(Required)**

Guarantor first name and
last name (Printed)
***(Required)**

Guarantor Signature
***(Required)**

Signing date
DD / MM / YYYY
***(Required)**