SECURE CERTIFICATE OF INDIAN STATUS (SCIS) STATUTORY DECLARATION IN LIEU OF GUARANTOR

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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 in 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 an 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 future SCIS.

Important: This form must be completed and signed before a Commissioner for Oaths, Notary Public or Lawyer.

A Applicant – Personal Information (Complete in block letters using black or dark blue ink)														
Family Name (Last Na	ame)			G	iven Nan	ne(s)								
Alias			Date of Birth (YYYYMMDD)			D)	Indian Registration No.							
Addresses (List your addresses in the past FIVE (5) years beginning with the most current)														
Number/Street/	City/Town			Province/Territory/State				From		(To (YYYYMMDD)			
In the last FIVE (5) years, my employers w			and/or			l wa	was attending education institutions as follows:							s:
Business/School	Address	Teleph	one No.	Nature of Employment/Stud			t/Studies	From (YYYYMMDD)			(To (YYYYMMDD)		



B References									
I have personally sought agreement and consent frof at least TWO (2) years, to be contacted to confine	om the TW rm my iden	O (2) follow tity:	ring persons, who	are not	my relatives and I	nave known me			
1. Family Name (Last Name)	Giver	Given Name(s)							
Relationship Telephone N			ytime)	Has known me fo	r (No. of Years)				
	()							
Address Number/Street/Apartment/P.O.Box	City/T	- Town							
Province/Territory/State						Postal/ZIP Code			
Trevince formery etate						1 0014 211 0040			
2. Family Name (Last Name)	Give	Given Name(s)							
Relationship	ne No. (Da	ytime)		Has known me for (No. of Year					
·	()					,			
Address Number/Street/Apartment/P.O.Box		, City/Т	 Town						
paramona i a constitui de la c									
Province/Territory/State						Postal/ZIP Code			
1 Tovince/Territory/State				1 Ostal/ZII Code					
One reference must sign one of the passport style part (name of applicant/child/dependent adult)". BOTH residentity documents.	photograph: eferences a	s on the rev re required	verse side with the to sign and date a	e staten copy o	nent " <i>This image is</i> f the front and back	a true likeness of of the applicant's			
C Declaration of Applicant									
For mail-in applications only: I have presented copies signature and passport style photographs, to the reference of the control of the contr	s (both sides ences above	s) of my ide e for signatu	ntity documents wl ure.	hich tog	ether bear my nam	e, photograph and			
Declaration: I solemnly declare that I am unable to statements made in this declaration are true and the p	obtain an ell ohotos enclo	igible guara sed are a tr	ntor as defined in to rue likeness of me	he Guai or the c	rantor Declaration (t hild/dependent adu	33-111E), the t.			
Signed at (Location)				Provin	ince/Territory/State				
Date (YYYYMMDD) Signature of Applicant				1					
X									
D Official's Information and Declaration)	Commission	er for Oaths		Notary Public	Lawyer			
Family Name (Last Name)									
Given Name(s)			Teleph	none No. (Daytime	 }				
			,						
Business Name, Address or Permanent Residence Number/Street/Apartment/P.O.Box		City/Town	own		nce/Territory/State	Postal/ZIP Code			
Da	ate (YYYYMN	MDD)	Signature of Office	cial (Affi	x stamp)				
Declaration made before me on			V						
Circulat (Location)	ovin T	itom / Ot - t	X						
Signed at (Location)	rovince/Terr	nory/State							