



Statutory Declaration of Common-law Union

(Dual signatures)

Social Insurance Number

SECTION A - TO BE COMPLETED BY THE APPLICANT

Canada PROVINCE / TERRITORY OF _____	To Wit:	In the Matter of the <i>Canada Pension Plan</i> and the <i>Old Age Security Act</i> and In the Matter of Common-Law Union
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I, _____
of the (City, Town, Village) of _____ county of _____ in the province / territory of _____

Solemnly Declare, that _____ name of common-law partner

and I have been living together for _____ number of years continuous year(s) from _____ YYYY-MM-DD to _____ YYYY-MM-DD

1. Are there children of the common-law union? This would include adopted children or children of one common-law partner to whom the other acts or has acted as a parent. No Yes **If yes, please provide the following information:**

The following is information on each child. (If more space is required, attach a separate sheet.)

First Name	Legal Family Name	Family Name commonly used	Date of Birth

2. My common-law partner and I:	a) Jointly signed a residential lease, mortgage or purchase agreement relating to a residence in which we both live(d). <input type="radio"/> Yes <input type="radio"/> No	b) Jointly owned property other than our residence. <input type="radio"/> Yes <input type="radio"/> No	c) Have/had joint bank, trust, credit union or charge card accounts. <input type="radio"/> Yes <input type="radio"/> No
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3A. I have life insurance on myself that names my common-law partner as beneficiary. <input type="radio"/> Yes <input type="radio"/> No	3B. My common-law partner has life insurance on him/herself that names me as beneficiary. <input type="radio"/> Yes <input type="radio"/> No
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4. If none of the above sections apply, what other documentary evidence are you aware of that would support your conjugal relationship as common-law partners?

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*.

NOTE: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the *Canada Pension Plan* or the *Old Age Security Act*, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.

Your Name (Please print) _____ Your Signature _____

Name of Common-law Partner (Please print) _____ Signature of Common-law Partner _____

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 _____
X

SECTION B - TO BE COMPLETED BY THE COMMISSIONER FOR OATHS

Declared before me at _____, county of _____, name of city, town or village _____ county _____ in the province or territory of _____ this _____ day of _____, _____ province or territory _____ day _____ month _____ year _____

Name of Commissioner and Organization (Please print)	Signature of Commissioner	Commissioner Authority Number (if applicable)
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Service
Canada

Service Canada Offices

Canada Pension Plan

Mail your forms to:

The nearest Service Canada office listed below.

From outside of Canada: The Service Canada office in the **province where you last resided**.

Need help completing the forms?

Canada or the United States: **1-800-277-9914**

All other countries: **613-990-2244** (we accept collect calls)

TTY: **1-800-255-4786**

Important: Please have your social insurance number ready when you call.

NEWFOUNDLAND AND LABRADOR

Service Canada
PO Box 9430 Station A
St. John's NL A1A 2Y5
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Charlottetown PE C1A 8K1
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CANADA

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Scarborough ON M1R 5C8
CANADA

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CANADA

MANITOBA AND SASKATCHEWAN

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