Gouvernement du Canada

STATUTORY DECLARATION IN LIEU OF GUARANTOR FOR CANADIANS APPLYING FOR A TRAVEL DOCUMENT

The applicant must complete and sign this form under oath or by solemn declaration in the presence of a person who, by law, is authorized to administer an oath or a solemn declaration. If the declaration is completed outside Canada, a qualified official includes a Canadian or British diplomatic or consular representative or a local official.

PRINT IN CAPITAL LETTERS using	AP	PLICANT'S PERSO	NAL INFORMATION	,				
1	Note: If insuf	ficient space, attach a	separate signed and date Given name(s)	ed sheet.	eth allerad		at at at	
Surname (last name)			Given name(s)					
Date of birth (YYYY-MM-DD)	Place of birth							
	-		Country		Provi	nce/Te	erritory/State (if applicable)
Name of child (if you are applyin	City g on behalf of a child)		Country		,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
All addresses in the last five (5)	years, beginning with the	most recent.			- <u>- </u>		T _T	
					From		То	
(Number, Street, Apartment, City, Province/Territory/State, Country)						ММ	YYYY	ММ
(Number, Street, Apartment, City, Province/Territory/State, Country)							То	
(Number, Street, Apartment, City, Province/Territory/State, Country)					YYYY	MM		MM
	*				From		То	1
						ММ	YYYY	MM
(Number, Street, Apartment, City, Province/Territory/State, Country)						101101	То	
(Number, Street, Apartment, City, Province/Territory/State, Country)						MM	1 YYYY	MM
					From		То	1
					YYYY			
(Number, Street, Apartment, City, Province/Territory/State, Country) Occupations in the last five (5) years, beginning with the most recent.						MM	1 YYYY	MM
☐ I am/was in school (full or	1 4							N
I am/was employed (full of								
Other form of occupation		unemployed). Please	specify:					1000
Employer/school or other	Add	Address		Field of er	of employment/studies			Date (to)
			number			_	(YYYY-MM)	(YYYY-MM)
	4							
				1		+	911	
Signature of applicant		Date (YYYY-MM	1-DD)					

4				REFER							
P	rovide the following information wind have known you for at least two	th respect to to (2) years. The	two (2) persons (hey may be conta	different from acted to confi	references rm your iden	provide itity.	d on the passport application) who a	re not your relatives			
	Surname (last name)				Given name(s)						
1	Relationship	ddress (Number	s (Number, Street, Apartment, City, Province/Territory/State, Country)								
	Daytime telephone number		Evening telephone number		Cell nu		umber or email address (optional)	Has known me for			
2	Surname (last name)				Given nar	Given name(s)					
	Relationship		Address (Number, Street, Aparti		tment, City, Province/Territory/State, Country)						
	Daytime telephone number		Evening telephone number			Cell ni	umber or email address (optional)	Has known me for			
3			DECL	ARATION	OF APPLIC	CANT	TO THE PERSON OF	Number or years			
	m unable to find someone to act a										
-		Document nui			cpiry, if applie	licable					
1	Type of document	Document nur	mber		(YYYY-MM-DD)		Your name as it appears on the document				
2	pe of document Document number			Date of ex (YYYY-MI	cpiry, if applic M-DD)	cable	Your name as it appears on the document				
DI	ECLARATION—I solemnly declare altered photos of myself or of the	e that the state child.	ements made in	this declarati	on are true.	The pho	Lotos attached hereto, marked "Exhib	it A", are two identical,			
Sig	nature of applicant		Date	MM-YYYY)	-DD)	Signed	d at				
4			DEC	LARATION	OF OFFIC	City	Province/Terri	itory/State (if applicable)			
The	e official must also certify, sign and	d date the bac or her identity	k of one (1) of th	e photos and	write "This	is exhib	oit A in support of the applicant's state oth sides of the copies to indicate the	utory declaration". at the originals			
Sur	name (last name)	h			Given name	(s)					
Oco	cupation Commissioner fo	or oaths	Lawyer No	tary public	Consular	staff wi	th delegated signing authority				
Daytime telephone number Evening telephone nu				nber	Cell number or email address (optional)						
3us	siness address										
lum	ber Street	City			Province	/Territory/S	State (if applicable) Country	Postal/ZIP code			
	CLARATION—Made in my preser	nce Unde	er oath \	mn declaration	on		9-10-10-10-10-10-10-10-10-10-10-10-10-10-				
Signature of official Date (YYYY-MM-DD)							Signed at				
				City			Province/Te	rritory/State (if applicable)			