STATUTORY DECLARATION OF COMMON-LAW UNION

BEFORE YOU START, READ THE INSTRUCTION GUIDE. TYPE or PRINT in black ink.	
(IF APPLICABLE)	
Country	Province/State/Territory
In the matter of an application made pursuant to the Immigration and Refugee Protection Act and Regulations and in the matter of common-law union,	
We, and of (full name of declarant as shown on passport/travel document)	
(name of city, town, village) county of (if applicable	in the country of (name of province, state, territory)
, solemnly declare that we have cohabited in a conjugal relationship for continuous year(s) from (name of country)	
to Date (YYYY-MM-DD) Date (YYYY-MM-DD	
My common-law partner and I: a) Have jointly signed a residential lease, mortgage or purchase agreement relating to a residence in which we both live. b) Jointly own property other than our residence. auresidence in which we both live.	c) Have joint bank, trust, credit union or charge card accounts. d) Have declared our common-law union under the Canadian Income Tax Act. (T-1 "General - Individual Income Tax Return")
Yes No Yes No	Yes No Yes No
I have life insurance on myself which names my common-law partner as beneficiary. Yes No	My common-law partner has life insurance on themselves which names me as beneficiary. Yes No
4 If none of the above sections apply, what other documentary evidence do you have that would indicate your relationship as common-law partners?	
5 SOLEMN DECLARATION	
We make this solemn declaration conscientiously believing it to be true, and Name of declarant (as shown on passport/travel document)	d knowing that it is of the same force and effect as if made under oath. Signature of declarant
realite of declarant (as shown on passport travel document)	Signature of declarant
Name of declarant's partner (as shown on passport/travel document)	Signature of declarant's partner
Declared before me at (City, Town, Village)	Name of the person who administered the declaration
county of (if applicable)	Choose person's title from one of the following: Notary Public
in the province/state/territory of in (country)	Commissioner of Oaths Commissioner of Taking Affidavits
this (day) day of (month) of the year	Signature of the person who administered the declaration
Personal information provided on this form is collected by Immigration, Refugees, and Citizenship Canada (IRCC) under the authority of the Immigration and Refugee Protection Act (IRPA). The personal information provided will be used for the purpose of processing an application. The personal information provided may be disclosed to other federal government institutions, law enforcement bodies, provincial/territorial governments, foreign governments for the purpose of validating identity, information, eligibility, and admissibility. The personal information may also be disclosed to medical practitioners for the purpose of validating identity and eligibility.	
Personal information may also be used other purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, subsequent program eligibility, strategy development and reporting.	
Failure to complete the form in full may result in a delay or the application not being processed. The Privacy Act gives individuals the right of access to, protection, and correction of their personal information. If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the <u>Office of the Privacy Commissioner of Canada</u> . The collection, used information in the language of the privacy commissioner of Canada.	

