**AFFIDAVIT OF VACCINATION STATUS**

| CANADA | ) |
| --- | --- |
| PROVINCE OF ONTARIO | ) |
| TO WIT: | ) |

**Sworn (or Affirmed) on this [DATE] day of [MONTH], 20\_\_\_\_\_.**

I, [YOUR FULL LEGAL NAME], of [CITY], [PROVINCE], MAKE OATH AND SAY THAT:

1. I was born on [DATE OF BIRTH] in [PLACE OF BIRTH].
2. I am a [CITIZENSHIP STATUS ie. CITIZEN/PERMANENT RESIDENT/ETC.].
3. I hereby swear or affirm that I have received [NUMBER OF DOSES] doses of the [TYPE OF VACCINE] vaccine and am fully vaccinated.
4. I received these vaccine doses on [DATE OF VACCINATIONS] at [PLACE OF VACCINATION].
5. I swear this Affidavit in support of my submission to [NAME OF INSTITUTION OR REQUESTOR OF THIS AFFIDAVIT] for the purposes of verifying my COVID-19 vaccination status, and for no other unlawful or improper purpose.

AND I, [YOUR FULL LEGAL NAME], solemnly swear and affirm that the above statements are true and correct to the best of my knowledge, and know that it is of the same force and effect as if made under oath.

Sworn by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_\_.

| ▢ In person at the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.▢ Remotely from the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ before me in the City of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the Province of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in accordance with O Reg 431/20, Administering Oath or Declaration Remotely.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Seal)Notary Public in and for the Province of Ontario |    |    | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print Name)  |
| --- | --- | --- | --- |
| My commission expires: |    |    |    |