**AFFIDAVIT OF ONE AND THE SAME PERSON**

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

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

1. My full legal name as it appears on my [TYPE OF DOCUMENT] No. [DOCUMENT NUMBER], is [YOUR FULL LEGAL NAME].
2. My date of birth is [DATE OF BIRTH] and I was born in [PLACE OF BIRTH].
3. I am a [STATUS IN CANADA].
4. My current address is [YOUR FULL RESIDENTIAL ADDRESS].
5. My name as it appears on my [TYPE OF DOCUMENT] No. [DOCUMENT NUMBER], is [NAME].
6. The reason for the difference in my legal name on my [TYPE OF DOCUMENT] and my name on [TYPE OF DOCUMENT] is [REASON]. *[REPEAT LINES 5-6 AS MANY TIMES AS NECESSARY FOR EACH VARIANCE IN YOUR NAME]*
7. I confirm that [YOUR FULL LEGAL NAME] and [ALTERNATIVE NAME(S)] all refer to me, and are one and the same person, and any documents submitted under these names belong to me.
8. This affidavit was executed for the purpose of evidencing my current legal name for submission to [REQUESTOR OF THIS AFFIDAVIT], and for no 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\_\_\_\_\_\_\_.

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| ▢ 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: |  |  |  |