



STATUTORY DECLARATION OF COMMON-LAW UNION

Country: _____	In the matter of an application made pursuant to the <i>Citizenship Act</i> And In the matter of common-law union.
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I, _____ of _____, _____,
(name) (name of city, town or village) (county)

in _____ in the country of _____, solemnly declare that _____
(province/state/territory) (country) (name of common-law partner)

and I have been living together for _____ continuous year(s) from _____ to _____ as common law partners.
(number of years) Date (YYYY-MM-DD) Date (YYYY-MM-DD)

1) 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	b) Jointly own property other than our residence. <input type="checkbox"/> Yes <input type="checkbox"/> No	c) Have joint bank, trust, credit union or charge card accounts. <input type="checkbox"/> Yes <input type="checkbox"/> No	d) Have declared our common-law union under the <i>Canadian Income Tax Act</i> . (T-1 "General - Individual Income Tax Return"). <input type="checkbox"/> Yes <input type="checkbox"/> No

2) I have life insurance on myself which names my common-law partner as the beneficiary. <input type="checkbox"/> Yes <input type="checkbox"/> No	3) Does your common-law partner have life insurance on him/herself which names you as beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No
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4) If you answered no to questions 1 to 3, what other documentary evidence do you have that would indicate your relationship as common-law partners?

I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

Name of applicant	Signature of applicant
Name of common-law partner	Signature of common-law partner

To be completed by a Commissioner for Oaths or other authorized person.

Declared before me at _____, county of _____,
(city, town, village) (county)

in the province/state/territory of _____ in _____.
(province/state/territory) (country)

Name of Commissioner or authorized person	Signature of Commissioner or authorized person.
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