

## Statutory Declaration of Common-law Union

(Single signature)

Social Insurance Number
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**SECTION A - TO BE COMPLETED BY THE APPLICANT**

Canada, Province or Territory of _____ _____ province or territory	To Wit:	In the matter of the <i>Canada Pension Plan</i> and the <i>Old Age Security Act</i> and In the Matter of Common-Law Union	
I, _____, of _____, _____, county _____, name _____ name of city, town or village _____ county _____ in the province or territory of _____, solemnly declare that _____ province or territory _____ name of common-law partner _____ and I lived together for _____ continuous year(s) from _____ to _____ number of years _____ YYYY-MM-DD _____ YYYY-MM-DD			
1. Are there children of the common-law union? This would include adopted children or children of one common-law partner to whom the other acted as a parent. <span style="float: right;"><input type="radio"/> No <input type="radio"/> Yes</span> <b>If yes, please provide the following information:</b> The following is information on each child. (If more space is required, attach a separate sheet.)			
First name	Legal last name	Last name commonly used	Date of birth
2. My common-law partner and I:	a) Jointly signed a residential lease, mortgage or purchase agreement relating to a residence in which we both lived. <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>	b) Jointly owned property other than our residence. <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>	c) Had joint bank, trust, credit union or charge card accounts. <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>
3A. I had life insurance on myself that named my common-law partner as beneficiary. <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>	3B. My common-law partner had life insurance on him/herself that named me as beneficiary. <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>		
4. If none of the above sections apply, what other documentary evidence are you aware of that would support your conjugal relationship as common-law partners?			

**I hereby declare that, to the best of my knowledge, the information on this declaration is true and complete. I realize that my personal information is governed by the *Privacy Act* and may be disclosed where authorized under the *Old Age Security Act* and the *Canada Pension Plan*.**  
**NOTE:** If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the *Canada Pension Plan* or the *Old Age Security Act*, or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid.

Your Name (Please print)	Your Signature
	<b>X</b>

**Was the form completed and signed by someone other than the applicant?**  
 If yes, that person must complete the section below and submit proof that they are authorized to act on behalf of the client. Call us at 1-800-277-9914 to find out what documents are required.

Name	Relationship to applicant	Telephone number	Date

Address	Signature
	<b>X</b>

**SECTION B - TO BE COMPLETED BY THE COMMISSIONER FOR OATHS**

Declared before me at _____, county of _____, name of city, town or village _____ county _____ in the province or territory of _____ this _____ day of _____, _____ province or territory _____ day _____ month _____ year _____		
Name of Commissioner and Organization (Please print)	Signature of Commissioner	Commissioner Authority Number (if applicable)
	<b>X</b>	

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# Service Canada Offices

## Canada Pension Plan

### Mail your forms to:

The nearest Service Canada office listed below.

From outside of Canada: The Service Canada office in the **province where you last resided**.

### Need help completing the forms?

Canada or the United States: **1-800-277-9914**

All other countries: **613-990-2244** (we accept collect calls)

TTY: **1-800-255-4786**

**Important:** Please have your social insurance number ready when you call.

### NEWFOUNDLAND AND LABRADOR

Service Canada  
PO Box 9430 Station A  
St. John's NL A1A 2Y5  
CANADA

### PRINCE EDWARD ISLAND

Service Canada  
PO Box 8000 Station Central  
Charlottetown PE C1A 8K1  
CANADA

### NOVA SCOTIA

Service Canada  
PO Box 1687 Station Central  
Halifax NS B3J 3J4  
CANADA

### NEW BRUNSWICK AND QUEBEC

Service Canada  
PO Box 250 Station A  
Fredericton NB E3B 4Z6  
CANADA

### ONTARIO

**For postal codes beginning with "L, M or N"**

Service Canada  
PO Box 5100 Station D  
Scarborough ON M1R 5C8  
CANADA

### ONTARIO

**For postal codes beginning with "K or P"**

Service Canada  
PO Box 2013 Station Main  
Timmins ON P4N 8C8  
CANADA

### MANITOBA AND SASKATCHEWAN

Service Canada  
PO Box 818 Station Main  
Winnipeg MB R3C 2N4  
CANADA

### ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT

Service Canada  
PO Box 2710 Station Main  
Edmonton AB T5J 2G4  
CANADA

### BRITISH COLUMBIA AND YUKON

Service Canada  
PO Box 1177 Station CSC  
Victoria BC V8W 2V2  
CANADA

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