



Human Resources
Development Canada

Développement des
ressources humaines Canada

OAS/CPP

PROTECTED WHEN COMPLETED - A
Personal Information Banks HRDC PPU 116 and 146

STATUTORY DECLARATION OF COMMON-LAW UNION
Income Security Programs Statutes (Dual signatures)

Social Insurance Number

SECTION A - TO BE COMPLETED BY THE APPLICANT

Canada PROVINCE / TERRITORY OF		To Wit:		In the matter of Income Security Programs Statutes and In the Matter of Common-Law Union	
I,					
of the (City, Town, Village) of		county of		in the province / territory of	
Solemnly Declare, that					
and I have been living together for _____ name of common-law partner continuous year(s) from _____ to _____ number of years _____ year/month/day _____ year/month/day					
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 acts or has acted as a parent. <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please provide the following information:					
The following is information on each child. (If more space is required, attach a separate sheet.)		First Name		Legal Family Name	
				Family 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 live(d). <input type="checkbox"/> Yes <input type="checkbox"/> No		b) Jointly owned property other than our residence. <input type="checkbox"/> Yes <input type="checkbox"/> No	
				c) Have/had joint bank, trust, credit union or charge card accounts. <input type="checkbox"/> Yes <input type="checkbox"/> No	
3A. I have life insurance on myself that names my common-law partner as beneficiary. <input type="checkbox"/> Yes <input type="checkbox"/> No		3B. My common-law partner has life insurance on him/herself that names me as beneficiary. <input type="checkbox"/> Yes <input type="checkbox"/> No			
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.					
Your Name (Please print)			Your Signature		
Name of Common-law Partner (Please print)			Signature of Common-law Partner		
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 () -	
Address		Signature			

SECTION B - TO BE COMPLETED BY THE COMMISSIONER OF OATHS

Declared before me at the (City, Town, Village) _____ of _____ county of _____		
in the province / territory of _____ this _____ day of _____		
Name of Commissioner (Please print)	Signature of Commissioner	Name of Organization (Please print)