STATUTORY DECLARATION OF COMMON-LAW UNION

BEFORE YOU START, READ THE INSTRUCTION GUIDE. TYPE or PRINT in black ink.			
(IF APPLICABLE)		D 1 (0) 1 (7)	
Country		Province/State/Territory	
In the matter of an application made pursuant to the Immigration and Refugee Protection Act and Regulations and in the matter of common-law union,			
We, and of (full name of declarant as shown on passport/travel document) (full name of declarant's partner as shown on passport/travel document)			
(full name of declarant as shown on passport/travel document)			
(name of city, town, village)	county of(if applicable)	in (name of province	in the country of state, territory)
, solemnly declare that we have cohabited in a conjugal relationship for continuous year(s) from			
(name of country) (number of years)			
to			
My common-law partner and I:			
a) Have jointly signed a residential	b) Jointly own property other than our residence.	c) Have joint bank, trust, credit union or charge card accounts.	d) Have declared our common-law union under the <i>Canadian</i>
lease, mortgage or purchase agreement relating to a	our residence.	union of charge card accounts.	Income Tax Act. (T-1 "General -
residence in which we both live.			Individual Income Tax Return")
Yes No	Yes No	Yes No	Yes No
I have life insurance on myself which names my common-law partner as beneficiary.		My common-law partner has life insurance on themselves which names me as beneficiary. Yes No	
4 If none of the above sections apply, what other documentary evidence do you have that would indicate your relationship as common-law partners?			
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SOLEMN DECLARATION We 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.			
		Signature of declarant	
realite of deciarant (as shown on passportnaver decianism)		orginatare or decoratarit	
Name of declarant's partner (as shown on passport/travel document)		Signature of declarant's partner	
Declared before me at (City, Town, Village)		Name of the person who administered the	ne declaration
county of (if applicable)		Choose person's title from one of the following:	
		Notary Public	
in the province/state/territory of in (country)		Commissioner of Oaths	
		Commissioner of Taking Affida	
this (day) day of (mont	h) of the year	Signature of the person who administered	ed the declaration
Personal information provided on this form is collected by Immigration, Refugees, and Citizenship Canada (IRCC) under the authority of the Immigration and Refugee Protection Act (IRPA). The personal			
information provided will be used for the purpose of processing an application. The personal information provided may be disclosed to other federal government institutions, law enforcement bodies, provincial/territorial governments, foreign governments for the purpose of validating identity, information, eligibility, and admissibility. The personal information may also be disclosed to medical practitioners for the purpose of validating identity and eligibility.			
Personal information may also be used other purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, subsequent program eligibility, strategy development and reporting.			
Failure to complete the form in full may result in a delay or the application not being processed. The Privacy Act gives individuals the right of access to, protection, and correction of their personal information. If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the Office of the Privacy Commissioner of Canada. The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank - IRCC PPU 013. 051, 054.			

