

## COMMON EXPERIENCE PAYMENT

### Who we are

At Service Canada, we bring Government of Canada services and benefits together in a single delivery network. We provide Canadians with one-stop, personalized service they can access however they choose - by phone at 1 800 O-Canada, on the Internet at [www.servicecanada.gc.ca](http://www.servicecanada.gc.ca), or in person at Service Canada Centres across the country.

### Our role in delivering the Common Experience Payment

Service Canada and Aboriginal Affairs and Northern Development Canada (AANDC) are jointly responsible for the Common Experience Payment (CEP) component of the Indian Residential Schools Settlement Agreement. At Service Canada, we will accept your CEP applications in person at our Service Canada Centres, by mail, or through our outreach locations in local communities. Once we receive it, we will process your application as quickly as possible.

### How you can help us process your claim quickly

To avoid delays in processing your application, please remember to:

- include your proper identity documents;
- list your full name, as well as all names you were known by at residential school(s);
- list all of the residential schools you lived in and when;
- include your complete mailing address, including the postal code; and
- sign your application.

### Please note:

- **If you have any questions about the application form, please contact us at 1-866-699-1742 for assistance. TTY users can reach us at 1-800-926-9105. Both numbers are toll free.**
- **If you do not complete your application in full, or if you forget to sign it, our processing of your application will be delayed.**
- **If you cannot provide an original or certified true copy of one of the documents required to verify a change of name, you may submit a guarantor declaration (see attached). For more information on using guarantor declarations to demonstrate a change of name, please contact us at 1-866-699-1742 (1-800-926-9105 for TTY users) or online at [www.servicecanada.gc.ca](http://www.servicecanada.gc.ca) or visit your local Service Canada Centre.**
- **If we need more documentation than what we ask for on the application form, we will contact you directly by phone or mail.**

We will process your application as quickly as possible, and we will notify you within 60 days of our making a decision. For information about the status of your application, **please contact us at 1-866-699-1742. TTY users can reach us at 1-800-926-9105.** Both numbers are toll free.

### How we make the payments

Former students who receive a Common Experience Payment will have the option of either receiving a cheque by mail or having the payment made by direct deposit (available in Canada only). Direct deposit is the fastest and most secure option, since we deposit the payment directly into your bank account. If you would like to take advantage of direct deposit, please provide your bank information in the appropriate area of the application form, or attach a "VOID" cheque.

**Please note:** Direct deposit is not available for Common Experience Payments issued to estates or personal representatives of former students.



# COMMON EXPERIENCE PAYMENT APPLICATION FOR PERSONAL REPRESENTATIVE OR ESTATE

**PLEASE PRINT IN INK**

Please fill in all boxes or write "not applicable"

Please indicate if:

You are applying for someone who is a minor or mentally incompetent

or

You are applying for someone who died on or after May 30, 2005 or

Who attended the Mohawk Institute and who died on or after October 5, 1996

If you are applying for yourself, please use the "Application for Common Experience Payment for Former Students Who Resided at Indian Residential School(s)" form available from Service Canada at

[www.servicecanada.gc.ca](http://www.servicecanada.gc.ca) or call Service Canada at 1-866-699-1742 (TTY 1-800-926-9105)

<b>SECTION A</b>			
<b>INFORMATION ABOUT THE FORMER STUDENT YOU ARE APPLYING ON BEHALF OF</b>			
<b>1. IDENTIFICATION</b>		Language Preference <input type="checkbox"/> English <input type="checkbox"/> French	
<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms			
Current First Name	Middle Name (if applicable)	Last Name	
<b>OTHER NAME(S) BY WHICH THE FORMER STUDENT WAS KNOWN AT RESIDENTIAL SCHOOL AND/OR TRADITIONAL NAME</b>			
<i>Please provide all names including name at birth and common alternate spellings and nicknames (example: Celina, Lena).</i>			
First Name(s)	Middle Name(s) (if applicable)	Last Name(s)	
<b>Full Names of mother, father and/or guardian(s)/caregiver(s) while the former student attended residential school</b>			
Guardian(s)/caregiver(s) may be traditional adoptive parents, extended family or members of the former student's community). <i>Providing this information is not required for eligibility but may help us in confirming the former student's school experience.</i>			
Mother (maiden/birth name)	First Name _____	Last Name _____	
Father	First Name _____	Last Name _____	
Guardian(s)/Caregiver(s) (if applicable)	First Name _____	Last Name _____	
Relationship of guardian(s)/caregiver(s) to the former student (for example, aunt, grandmother, friend, etc) _____			
<b>2. CURRENT ADDRESS (For minor or mentally incompetent former students only. Not applicable to deceased former students)</b>			
<b>ADDRESS</b> (No., Street, Apt., R.R., P.O. Box)		City/Town/Community	
Province/Territory/State	Country	Postal Code/Zip Code	Telephone number
<b>MAILING ADDRESS</b> (No., Street, Apt., R.R., P.O. Box)		City/Town/Community	
Province/Territory/State	Country	Postal Code/Zip Code	Telephone number

For assistance completing this form, please call Service Canada at 1-866-699-1742 (TTY 1-800-926-9105)



<b>3. DATE AND PLACE OF BIRTH OF FORMER STUDENT</b>				
YEAR	MONTH	DAY	PROVINCE / TERRITORY / STATE	COUNTRY
<b>4. DATE AND PLACE OF DEATH (For Estate applications only)</b>				
YEAR	MONTH	DAY	PROVINCE / TERRITORY / STATE	COUNTRY
<b>PROOF OF DEATH REQUIRED</b>				
Please submit a certified true copy of one of the following documents (please check the applicable box):				
<input type="checkbox"/> A Death Certificate issued by the Province, Territory or State <input type="checkbox"/> A Certificate of Death from the director of a funeral home or an administrator of a hospital or clinic <input type="checkbox"/> A letter from a physician, graduate nurse or member of the clergy certifying death based on official records maintained by the church, hospital or clinic <input type="checkbox"/> Letters of Probate <input type="checkbox"/> Formal Appointment of Administrator / Executor <input type="checkbox"/> Provincial Letters of Administration <input type="checkbox"/> Registration of Death <input type="checkbox"/> Statement of Verification of Death from Department of Veterans Affairs.				
The document must be on official letterhead or contain a seal and must contain the name and/or signature of the person or authority issuing the document. The document must contain the name of the deceased and the date of death.				
<b>5. STATEMENT BY ATTENDING PHYSICIAN (for applications on behalf of a mentally incompetent former student only)</b>				
A signed medical statement by the attending physician must be submitted with your application form if you are applying as the legal Personal Representative for a former student who is mentally incompetent. Please check the box below confirming you have attached the required document. Please see Section C for information.				
I have attached a copy of a signed medical statement: Yes <input type="checkbox"/>				
<b>6. PLEASE INDICATE WHICH GROUP THE FORMER STUDENT BELONGED TO AT RESIDENTIAL SCHOOL</b>				
<input type="checkbox"/> Status Indian <input type="checkbox"/> Non-Status Indian <input type="checkbox"/> Métis <input type="checkbox"/> Inuit(Nunavut) <input type="checkbox"/> Inuit(Québec) <input type="checkbox"/> Inuvialuit <input type="checkbox"/> Non-Aboriginal				
The information you provide in this section is mandatory. This information will be provided to Indian and Northern Affairs Canada to assist in processing your application in accordance with the Court approved principles.				

For assistance completing this form, please call Service Canada at 1-866-699-1742 (TTY 1-800-926-9105)



7. PROOF OF IDENTITY REQUIRED

Proof of identity for the former student is required. See Section C for information. Please check which document(s) you are submitting:

Key Documents:

If the name on the application is different than the key documents please provide an original or certified true copy of one of the following:

- Original Birth Certificate, Marriage Certificate / Registration, Divorce Decree, Certificate of Indian Status, Legal Change of Name Document, Provincial/Territorial Driver's License, Adoption Papers, Provincial/Territorial Health Card, Canadian Passport

8. INDIAN RESIDENTIAL SCHOOL(S) AT WHICH THE FORMER STUDENT RESIDED (Please see Section D for School Number)

Please tell us, to the best of your recollection, about all of the schools at which the former student resided. You will need to indicate the school number(s) from the approved list in Section D and tell us when the former student started and when the former student left.

School # [ ] Resided: From / To Month or Season / Year / Month or Season / Year

If listing more than four Indian Residential Schools, please provide the information on an additional page.

If you could not find the name of the school on the approved list, write the name here

Town/Community and Province/Territory in which the school was located: \_\_\_\_\_

Resided: From / To Month or Season / Year / Month or Season / Year

For assistance completing this form, please call Service Canada at 1-866-699-1742 (TTY 1-800-926-9105)



<b>SECTION B</b> <b>INFORMATION ABOUT THE APPLICANT (Person applying on behalf of the minor, mentally incompetent person or estate) Please see section C for additional information.</b>			
<b>1. IDENTIFICATION</b> <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms		<b>Language Preference</b> <input type="checkbox"/> English <input type="checkbox"/> French	
Current First Name	Middle Name (if applicable)	Last Name	
<b>2. MAILING ADDRESS</b> (No., Street, Apt., R.R., P.O. Box)		City/Town/Community	
Province/Territory/State	Country	Postal Code/Zip Code	Telephone number
<b>3. PLEASE INDICATE RELATIONSHIP TO THE FORMER STUDENT AND PROVIDE PROOF AS INDICATED IN SECTION C</b> <b>On behalf of Estate:</b> <input type="checkbox"/> Executor <input type="checkbox"/> Administrator <input type="checkbox"/> Estate Trustee <input type="checkbox"/> Trustee <input type="checkbox"/> Liquidator of the deceased <p>I hereby apply for a Common Experience Payment and declare that, as the legal Personal Representative for the Estate of the deceased former student, I am the only person entitled in law to administer the property of the said deceased, and I am the legal representative for the purpose of applying for and receiving the Common Experience Payment.</p> <p>_____</p> <p>SIGNATURE</p>			
<b>On behalf of a Minor former student:</b> <input type="checkbox"/> Tutor <input type="checkbox"/> Person/Party appointed to administer minor's affairs <b>On behalf of a Mentally Incompetent former student:</b> <input type="checkbox"/> Tutor <input type="checkbox"/> Committee <input type="checkbox"/> Guardian <input type="checkbox"/> Curator of the Person <input type="checkbox"/> Public Trustee or their equivalent <p>I hereby apply for a Common Experience Payment and declare that the former student named in this application is at present unable to manage his or her own affairs by reason of mental incompetence or is a minor as determined by the province or territory in which they reside, and that I am the former student's legal Personal Representative for the purpose of applying for and receiving the Common Experience Payment.</p> <p>_____</p> <p>SIGNATURE</p>			

For assistance completing this form, please call Service Canada at 1-866-699-1742 (TTY 1-800-926-9105)



**4. PROOF OF IDENTITY REQUIRED (Person applying on behalf of the minor, mentally incompetent person or estate)**

Proof of identity is required. See Section C for information. Please check which document(s) you are submitting:

Key Documents:

If the name on your application is different than the key documents please provide an original or certified true copy of one of the following:

- Original Birth Certificate
- Marriage Certificate / Registration
- Certificate of Indian Status
- Divorce Decree
- Provincial/Territorial Driver's License
- Legal Change of Name Document
- Provincial/Territorial Health Card
- Adoption Papers
- Canadian Passport

or two of the following, one of which must have a photograph:

**5. POST-DEADLINE APPLICATION FOR THE COMMON EXPERIENCE PAYMENT**

In the space below, please explain why the CEP application was submitted past the September 19, 2011 deadline (please keep answer brief).

Note: Applicants for schools 137, 138 and 139 do not complete this section.

**SIGNATURE**

My signature/mark indicates that the information I have provided in this application is true and accurate to the best of my knowledge. I acknowledge that knowingly making a false or fraudulent application could result in criminal prosecution. I understand that every application is subject to verification.

**Applicant's Signature** **Year** **Month** **Day**

\_\_\_\_\_

I understand that the information requested in this application is required for the administration of the Common Experience Payment and that the information will be provided to Aboriginal Affairs and Northern Development Canada in order to determine the former student's eligibility. I understand that personal information is protected under the *Privacy Act* and the *Department of Social Development Act (DSD Act)*. I have the right to request access to the personal information of the former student pursuant to the *Privacy Act*, and I am aware that the information may be used or disclosed within the conditions set out in the *Privacy Act*, *DSD Act* and outlined in the Personal Information Bank (ESDC PPU 100) .

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**SIGNATURE WITH A MARK**

If the applicant signed with a mark (for example "X"), the mark must be made in the presence of a witness. A witness may be a relative.

The witness must provide the following information:

**Witness' first name, initial and last name**

**Relationship to the applicant**

**Address** (No., Street, Apt., R.R., P.O. Box)

City/Town/Community

Province/Territory/State

Country

Postal Code/Zip Code

Telephone number

If the applicant signed with a mark, the witness must also sign the following declaration:

I have read the content of this application to the applicant who understands and confirms the complete contents and who made his or her mark in my presence.

**Signature of Witness**

**Year**

**Month**

**Day**

\_\_\_\_\_

\_\_\_\_\_

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## NO NEED TO RETURN PAGES 7-14 WITH APPLICATION

### SECTION C

**DOCUMENT REQUIREMENTS for Applicant applying on behalf of a minor, mentally incompetent or deceased former student.**

#### I. IDENTITY DOCUMENTS

**Please Note: Identity documents must be submitted to substantiate the identity of both the former student and the legal Personal Representative applying on their behalf.**

1. You must submit the original birth certificates with the application form. They will be returned to you once identities have been verified.
- or**
2. If you do not have the original birth certificates, you may visit a Service Canada Centre to present two (2) of the following documents for both the deceased and the estate representative, one of which must have a photograph:
    - Certificate of Indian Status (issued by Aboriginal Affairs and Northern Development Canada);
    - Provincial / Territorial Driver's Licence;
    - Provincial / Territorial Health Card;
    - Canadian Passport.
  3. If you choose to mail the former student's application and the original birth certificates are not available, you must submit **certified true copies** of at least two (2) of the documents listed in number 2. The original documents must be presented to an individual who will certify that the copies pertain to the former student's identity and to the personal representative's identity. This individual must be a Canadian citizen residing in Canada, must be available to Service Canada for verification, and must have known the individuals personally for a minimum of two years.

Please note that you cannot certify a copy of your own documents.

On the copy of the identity document that **does not feature a photo**; the person certifying the document must include the statement "I certify this to be a true copy of the original". On the copy of the identity document that **features a photo**; the person certifying the document must include the statement "I certify that this is a true copy of the original and that the image is a true likeness of the applicant. I am a Canadian citizen and have known the applicant personally for at least two years." On all copies of identity documents, they will also include their printed name, position, signature, contact information and the date they certified the document.

The following can certify the documents:

- Chief or Councilor of First Nations Band Council
- Council of the Métis Settlements General Council and Members of the Saskatchewan Provincial Métis Council
- Dentist
- Executive Officer of Nunavut Tungavik Inc
- Executive Officer of Inuvialuit Regional Corporation and of the six (6) Inuvialuit Community Corporations (Northwest Territories)
- Executive Officer of Makivik (Northern Québec)
- Judge
- Lawyer (member of a provincial bar association)
- Notary (in Québec)
- Magistrate
- Mayor
- Medical doctor
- Minister of religion authorized under provincial law to perform marriages
- Notary public

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- Optometrist
- Pharmacist
- Police officer (municipal, provincial or RCMP)
- Postmaster
- Principal of a primary or secondary school
- Professional accountant (APA, CA, CGA, CMA, PA, RPA)
- Professional engineer (P.Eng., Eng. in Québec)
- Senior administrator in a community college (includes CEGEPs)
- Senior administrator or teacher in a university
- Social worker with MSW (Masters in Social Work)
- Veterinarian

**PLEASE NOTE:**

Should the name on the identity documents differ from current name, proof must be submitted to support the discrepancy. Original or certified true copies of the following may be submitted:

- Marriage Certificate or Marriage Registration
- Divorce Decree
- Legal Change of Name Document
- Adoption Papers

**II. PROOF OF LEGAL AUTHORITY TO ACT ON BEHALF OF A FORMER STUDENT:**

To apply for the Common Experience Payment on behalf of a former student, you must be a legally recognized representative of that person. Please provide a copy of the legal documentation that allows you to represent the former student (for example, Power of Attorney).

The legal document should clearly state, in detail, what powers the representative has and how they are to be executed.

**III. PROOF OF DEATH (Estate Applications Only)**

To apply for the Common Experience Payment on behalf of a former student who is deceased, you must provide a document containing the name of the deceased and the date of death. A certified true copy of one of the following documents are acceptable:

- A death certificate issued by the Province, Territory or State
- A certificate of death from the director of a funeral home or an administrator of a hospital or clinic
- A letter from a physician, graduate nurse or member of the clergy certifying death based on official records maintained by the church, hospital or clinic
- Letters of Probate
- Registration of Death
- Statement of Verification of Death from Department of Veterans Affairs
- Formal Appointment of Administrator/Executor
- Provincial Letters of Administrators

**IV. STATEMENT BY ATTENDING PHYSICIAN (Applications on behalf of mentally incompetent former students only)**

To apply for the Common Experience Payment on behalf of a former student who is mentally incompetent, an attending physician must attest to the former student's incompetence. A signed medical statement or report must be submitted on the attending physician's letterhead attesting to the former student's incapacity to self-represent due to being mentally incompetent. The signed statement or report must be dated no earlier than two years prior to the submission of the Common Experience Payment application form.

For assistance completing this form, please call Service Canada at 1-866-699-1742 (TTY 1-800-926-9105)



**V. SUBMITTING YOUR APPLICATION: You may submit your application by mail or in person at Service Canada Centre locations.**

If you are applying by mail, please submit your application to:

**CEP Processing Centre  
100-6712 Fisher Street SE  
Calgary, AB  
T2H 2A7**

Please do not provide any additional documents other than what is requested on the application form. We will contact you directly by phone or by mail if we need further information. Please ensure that you have completed all the information and have signed your application.

Service Canada operates within the Department of Employment and Social Development.  
To "Find a Service Canada Centre Near You" go to [www.servicecanada.gc.ca](http://www.servicecanada.gc.ca) or call  
**1-800-O-Canada (1-800-622- 6232).**

For assistance completing this form, please call Service Canada at 1-866-699-1742 (TTY 1-800-926-9105)



**SECTION D**

**INDIAN RESIDENTIAL SCHOOL IDENTIFICATION**

Complete Section A, Block 8 by entering the number(s) corresponding to the school(s) at which the former student resided. Please note that additional Indian residential schools may be added to this list from time to time. Please check the official list of Indian residential schools found on the Settlement Agreement web site: <http://www.residentialschoolsettlement.ca/schools.html>

**Residential Schools**

**YUKON RESIDENTIAL SCHOOLS**

01	Carcross (Choooutla)	Carcross
02	Coudert Hall (Whitehorse Hostel/Student Residence - Predecessor to Yukon Hall)	Whitehorse
03	Shingle Point (Predecessor to All Saints, Aklavik)	Shingle Point
04	Whitehorse Baptist	Whitehorse
05	Yukon Hall (Whitehorse/Protestant Hostel)	Whitehorse
131	St. Paul's Hostel (September 1920 to June 1943)	Dawson City

**NORTHWEST TERRITORIES RESIDENTIAL SCHOOLS**

06	Immaculate Conception (Aklavik Roman Catholic)	Aklavik
07	All Saints (Aklavik Anglican)	Aklavik
08	Fleming Hall (Fort McPherson)	Fort McPherson
09	Sacred Heart (Fort Providence)	Fort Providence
10	St. Joseph's (Fort Resolution)	Fort Resolution
11	Bompas Hall (Fort Simpson Anglican)	Fort Simpson
12	Lapointe Hall (Fort Simpson Roman Catholic)	Fort Simpson
13	Breynat Hall (Fort Smith)	Fort Smith
14	Grandin College	Fort Smith
15	Hay River (St. Peter's)	Hay River
16	Grollier Hall (Inuvik Roman Catholic)	Inuvik
17	Stringer Hall (Inuvik Anglican Hostel)	Inuvik
18	Akaitcho Hall (Yellowknife)	Yellowknife
130	Federal Hostel at Fort Franklin	Déline

**NUNAVUT RESIDENTIAL SCHOOLS**

19	Chesterfield Inlet (Turquetil Hall)	Chesterfield Inlet
20	Federal Tent Hostel at Coppermine	Coppermine
21	Federal Hostel at Baker Lake	Qamani'tuaq, Qamanittuaq
22	Federal Hostel at Belcher Islands	Sanikiluaq
23	Federal Hostel at Broughton Island	Qikiqtarjuaq
24	Federal Hostel at Cambridge Bay	Cambridge Bay
25	Federal Hostel at Cape Dorset	Kinngait
26	Federal Hostel at Eskimo Point	Arviat

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## INDIAN RESIDENTIAL SCHOOL IDENTIFICATION

Complete Section A, Block 8 by entering the number(s) corresponding to the school(s) at which you resided.

### Residential Schools

#### NUNAVUT RESIDENTIAL SCHOOLS

27	Federal Hostel at Frobisher Bay (Ukkivik)	Iqaluit
28	Federal Hostel at Igloodik	Igloodik/Iglulik
29	Federal Hostel at Lake Harbour	Kimmitut
30	Federal Hostel at Pangnirtung (Pangnirtang)	Pangnirtung / Panniqtuuq
31	Federal Hostel at Pond Inlet	Mittimatalik

#### BRITISH COLUMBIA RESIDENTIAL SCHOOLS

32	Ahousat	Ahousat
33	Alberni	Port Alberni
34	Cariboo (St. Joseph's, Williams Lake)	Williams Lake
35	Christie (Clayoquot, Kakawis)	Tofino
36	Coqualeetza	Chilliwack / Sardis
37	Cranbrook (St. Eugene's, Kootenay)	Cranbrook
38	Kamloops	Kamloops
39	Kitimaat	Kitimaat
40	Kuper Island	Kuper Island
41	Lejac (Fraser Lake)	Fraser Lake
42	Lower Post	Lower Post
43	Port Simpson (Crosby Home for Girls)	Port Simpson
44	St. George's (Lytton)	Lytton
45	St. Mary's (Mission)	Mission
46	St. Michael's (Alert Bay Girls' Home, Alert Bay Boys' Home)	Alert Bay
47	Sechelt	Sechelt
48	St. Paul's (Squamish, North Vancouver)	North Vancouver
132	Anahim Lake Dormitory (September 1968 to June 1977)	Anahim Lake

#### ALBERTA RESIDENTIAL SCHOOLS

49	Assumption (Hay Lakes)	Assumption
50	Blue Quills (Saddle Lake, Sacred Heart, formerly Lac la Biche)	St. Paul
51	Crowfoot (St. Joseph's, Ste. Trinité)	Cluny
52	Desmarais (St. Martin's, Wabasca Roman Catholic)	Desmarais-Wabasca
53	Edmonton (formerly Red Deer Industrial)	St. Albert
54	Ermineskin	Hobbema
55	Fort Vermilion (St. Henry's)	Fort Vermilion
56	Grouard (St. Bernard's, Lesser Slave Lake Roman Catholic)	Grouard

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## INDIAN RESIDENTIAL SCHOOL IDENTIFICATION

Complete Section A, Block 8 by entering the number(s) corresponding to the school(s) at which you resided.

### Residential Schools

#### ALBERTA RESIDENTIAL SCHOOLS

57	Holy Angels (Fort Chipewyan, École des Saints-Anges)	Fort Chipewyan
58	Joussard (St. Bruno's)	Joussard
59	Lac la Biche (Notre Dame des Victoire, predecessor to Blue Quills)	Lac la Biche
60	Lesser Slave Lake (St. Peter's)	Lesser Slave Lake
61	Morley (Stony)	Morley
62	Old Sun	Gleichen
63	Sacred Heart	Brocket
64	St. Albert (Youville)	Youville
65	St. Augustine (Smoky River)	Smoky River
66	St. Cyprian's (Queen Victoria's Jubilee Home)	Brocket, Peigan Reserve
67	St. Joseph's (Dunbow)	High River
68	St. Mary's (Blood, Immaculate Conception)	Cardston
69	St. Paul's (Blood, Anglican/Church of England)	Cardston
70	Sarcee (St. Barnabas)	T'suu Tina
71	Sturgeon Lake (St. Francis Xavier)	Calais
72	St. John's (Wabasca Anglican/Church of England)	Wabasca
73	Whitefish Lake (St. Andrew's)	Whitefish Lake

#### SASKATCHEWAN RESIDENTIAL SCHOOLS

74	Beauval (Lac la Plonge)	Beauval
75	Crowstand	Kamsack
76	File Hills	Balcarres
97	Fort Pelly	Fort Pelly
77	Gordon's	Gordon's Reserve, Punnichy
78	Lebret (Qu'Appelle, Whitecalf, St. Paul's High School)	Lebret
79	Marieval (Cowessess, Crooked Lake)	Grayson
80	Muscowequan (Lestock, Touchwood)	Lestock
81	Prince Albert (Onion Lake Church of England, St. Alban's, All Saints, St. Barnabas, Lac La Ronge)	Prince Albert
82	Regina	Regina
83	Round Lake	Stockholm
84	St. Anthony's (Onion Lake Roman Catholic)	Onion Lake
85	St. Michael's (Duck Lake)	Duck Lake
86	St. Philip's	Kamsack

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## INDIAN RESIDENTIAL SCHOOL IDENTIFICATION

Complete Section A, Block 8 by entering the number(s) corresponding to the school(s) at which you resided.

### Residential Schools

#### SASKATCHEWAN RESIDENTIAL SCHOOLS

87	Sturgeon Landing (Predecessor to Guy Hill, MB)	Sturgeon Landing
88	Thunderchild (Delmas, St. Henri)	Delmas
133	Cote Improved Federal Day School (September 1928 to June 1940)	Kamsack
134	Battleford Industrial School (December 1883 to May 1914)	Battleford

#### MANITOBA RESIDENTIAL SCHOOLS

89	Assiniboia (Winnipeg)	Winnipeg
90	Birtle	Birtle
91	Brandon	Brandon
92	Churchill Vocational Centre	Churchill
93	Cross Lake (St. Joseph's, Jack River Annex - predecessor to Notre Dame Hostel)	Cross Lake
94	Dauphin (McKay)	The Pas / Dauphin
95	Elkhorn (Washakada)	Elkhorn
96	Fort Alexander (Pine Falls)	Fort Alexander
98	Guy Hill (Clearwater, The Pas, formerly Sturgeon Landing, SK)	The Pas
99	Norway House United Church	Norway House
129	Notre Dame Hostel (Norway House Roman Catholic, Jack River Hostel, replaced Jack River Annex at Cross Lake)	Norway House
100	Pine Creek (Camperville)	Camperville
101	Portage la Prairie	Portage la Prairie
102	Sandy Bay	Marius

#### ONTARIO RESIDENTIAL SCHOOLS

103	Bishop Horden Hall (Moose Fort, Moose Factory)	Moose Island
104	Cecilia Jeffrey (Kenora, Shoal Lake)	Kenora
105	Chapleau (St. John's)	Chapleau
106	Fort Frances (St. Margaret's)	Fort Frances
107	Fort William (St. Joseph's)	Fort William
108	McIntosh	McIntosh
109	Mohawk Institute	Brantford
110	Mount Elgin (Muncey, St. Thomas)	Munceytown
111	Pelican Lake (Pelican Falls)	Sioux Lookout
112	Poplar Hill	Poplar Hill

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## INDIAN RESIDENTIAL SCHOOL IDENTIFICATION

Complete Section A, Block 8 by entering the number(s) corresponding to the school(s) at which you resided.

### Residential Schools

#### ONTARIO RESIDENTIAL SCHOOLS

113	St. Anne's (Fort Albany)	Fort Albany
114	St. Mary's (Kenora, St. Anthony's)	Kenora
115	Shingwauk (Wawanosh Home)	Sault Ste. Marie
116	Spanish Boys School (Charles Garnier, St. Joseph's, formerly Wikwemikong Industrial)	Spanish
117	Spanish Girls School (St. Joseph's, St. Peter's, St. Anne's formerly Wikwemikong Industrial)	Spanish
136	Wawanosh Home (January 1, 1879 to August 5, 1892)	Sault Ste. Marie
137	Stirland Lake High School/Wahbon Bay Academy (September 1, 1971 to June 30, 1991)	Stirland Lake
138	Cristal Lake High School (September 1, 1976 to June 30, 1986)	Cristal Lake

#### QUÉBEC RESIDENTIAL SCHOOLS

118	Amos (Saint-Marc-de-Figuery)	Amos
119	Pointe Bleue	Pointe Bleue
120	La Tuque	La Tuque
121	Fort George (St. Philip's)	Fort George
122	Fort George (St. Joseph's Mission, Résidence Couture, Sainte-Thérèse-de-l'Enfant-Jésus)	Fort George
123	Sept-Îles (Notre-Dame, Maliotenam)	Sept-Îles
124	Federal Hostel at George River	Kangirsualujjuaq
125	Federal Hostel at Great Whale River (Poste-de-la-Baleine)	Kuujuaraapik / Whapmagoostui
126	Federal Hostel at Payne Bay (Bellin)	Kangirsuk
127	Federal Hostel at Port Harrison (Inoucdjouac, Innoucdouac)	Inukjuak
135	Fort George Hostels (September 1, 1975 to June 30, 1978)	Fort George
139	Mistassini Hostels (September 1, 1971 to June 30, 1978)	Mistassini

#### NOVA SCOTIA RESIDENTIAL SCHOOLS

128	Shubenacadie	Shubenacadie
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For assistance completing this form, please call Service Canada at 1-866-699-1742 (TTY 1-800-926-9105)



**COMMON EXPERIENCE PAYMENT  
FOR FORMER STUDENTS  
WHO RESIDED AT INDIAN RESIDENTIAL SCHOOL(S)**

PLEASE PRINT

**GUARANTOR DECLARATION**

The Guarantor Declaration is submitted when the Common Experience Payment (CEP) applicant cannot obtain the documents outlined in the CEP application that support a change of name. In such cases, a Guarantor Declaration is used to attest to the current name being used by the applicant on the CEP application. Service Canada may contact the persons identified in this form to verify their declaration.

Please ensure that a completed and signed application for the Common Experience Payment along with supporting identity documents is also submitted.

**1. APPLICANT INFORMATION REGARDING THE NAME CHANGE**

(a) Name currently known by and used on CEP application.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First Name(s) Middle Name(s) (if applicable) Last Name(s)

(b) Name shown on identity documents

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
First Name(s) Middle Name(s) (if applicable) Last Name(s)

Provide reason for the change in name (eg. *Marriage*) between the identity documents and the application form and the approximate date of name change.

**Applicant's date of birth**

**Applicant's phone Number**

\_\_\_\_\_  
Year / Month / Day

\_\_\_\_\_

For assistance completing this form, please call Service Canada at 1-866-699-1742 (TTY 1-800-926-9105)





<b>2. GUARANTOR INFORMATION</b>		<b>LANGUAGE PREFERENCE</b>	
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.		<input type="checkbox"/> English <input type="checkbox"/> French	
First Name(s)	Middle Name(s) (if applicable)	Last Name(s)	
<b>3. MAILING ADDRESS OF GUARANTOR</b>			
Name of organization (if applicable)			
(No., Street, Apt., R.R.)		City/Town/Community	
Province/Territory/State	Country	Postal Code/Zip Code	
<b>4. TELEPHONE NUMBERS OF GUARANTOR</b>			
Home	Business	Cell/Other	
<b>5. OCCUPATION OF GUARANTOR</b>			
Please indicate your occupation			
<input type="checkbox"/> Chief or Councilor of First Nations Band Council Council of the Métis Settlements General <input type="checkbox"/> Council and Members of the Saskatchewan Provincial Métis Council <input type="checkbox"/> Members of the Saskatchewan Provincial Métis Council <input type="checkbox"/> Dentist <input type="checkbox"/> Executive Officer of Nunavut Tungavik Inc Executive Officer of Inuvialuit Regional Corporation and of the six (6) Inuvialuit Community Corporations (Northwest Territories) <input type="checkbox"/> Executive Officer of Makivik (Northern Quebec) <input type="checkbox"/> Judge <input type="checkbox"/> Lawyer (member of a provincial bar association) <input type="checkbox"/> Notary in Quebec <input type="checkbox"/> Magistrate <input type="checkbox"/> Mayor <input type="checkbox"/> Medical doctor	<input type="checkbox"/> Minister of religion authorized under provincial law to perform marriages <input type="checkbox"/> Notary public <input type="checkbox"/> Optometrist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Police officer (municipal, provincial or RCMP) <input type="checkbox"/> Postmaster <input type="checkbox"/> Principal of a primary or secondary school <input type="checkbox"/> Professional accountant (APA, CA, CGA, CMA, PS, RPA) <input type="checkbox"/> Professional engineer (P. Eng., Eng. In Quebec) <input type="checkbox"/> Senior administrator in a community college (includes CEGEPs) <input type="checkbox"/> Senior administrator or teacher in a university <input type="checkbox"/> Social Worker with MSW (Masters in Social Work) <input type="checkbox"/> Veterinarian		

For assistance completing this form, please call Service Canada at 1-866-699-1742 (TTY 1-800-926-9105)



**6. APPLICANT'S SIGNATURE**

My signature/mark indicates that the information I have provided in this form is true and accurate. I acknowledge that knowingly making a false or fraudulent statement could result in criminal prosecution. I understand that every form is subject to verification.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

I understand that the information requested in this form is required for the administration of the Common Experience Payment. I understand that personal information is protected under the Privacy Act and the Department of Social Development Act (DSD Act). I have the right to request access to my personal information pursuant to the Privacy Act, and I am aware that the information may be used or disclosed within the conditions set out in the Privacy Act, DSD Act and outlined in the Personal Information Bank (ESDC PPU 100).

**7. GUARANTOR DECLARATION:**

I hereby declare that I have known the applicant as \_\_\_\_\_  
(PLEASE INSERT APPLICANT'S FULL NAME) personally for at least TWO years.

\_\_\_\_\_  
**Name (print)**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

I understand that the information requested in this form is required for the administration of the Common Experience Payment. I understand that personal information is protected under the Privacy Act and Department of Social Development Act (DSD Act). I have the right to request access to my personal information and am aware that the information may be used or disclosed within the conditions set out in the Privacy Act, DSD Act and outlined in the Personal Information Bank (ESDC PPU 100) .

**To be mailed to:**

**CEP Processing Centre  
100-6712 Fisher Street SE  
Calgary, AB  
T2H 2A7**

For assistance completing this form, please call Service Canada at 1-866-699-1742 (TTY 1-800-926-9105)