

# Statutory Declaration of Common-law Union

(Single signature)

Social Insurance Number

## 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 _____, 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. <input type="radio"/> No <input type="radio"/> Yes <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. <input type="radio"/> Yes <input type="radio"/> No	b) Jointly owned property other than our residence. <input type="radio"/> Yes <input type="radio"/> No	c) Had joint bank, trust, credit union or charge card accounts. <input type="radio"/> Yes <input type="radio"/> No
3A. I had life insurance on myself that named my common-law partner as beneficiary. <input type="radio"/> Yes <input type="radio"/> No	3B. My common-law partner had life insurance on him/herself that named me as beneficiary. <input type="radio"/> Yes <input type="radio"/> 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*.**  
**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 \_\_\_\_\_  
 \_\_\_\_\_ X

**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	
		X	

## 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)
	X	

Service Canada delivers Employment and Social Development Canada programs and services for the Government of Canada.



# Service Canada Offices

## Old Age Security

### 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: **613-957-1954** (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

Service Canada  
PO Box 250  
Fredericton NB E3B 4Z6  
CANADA

### QUEBEC

Service Canada  
PO Box 1816 Station Terminus  
Quebec QC G1K 7L5  
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