

Statutory Declaration and Claim for Surviving Spouse

(PLEASE FILL IN NAME IN FULL) , who died on the CEASED) as a result of a personal injury or disease sustained on the	NORTHWEST TERRITORIES/NUNAVUT TO WIT: I,	NO	RTHWEST TERRITORIES/NUNA	VUT TO WIT: I,			
CEASED) as a result of a personal injury or disease sustained on the				,	(PLEASE	FILL IN NAME IN F	ULL)
CEASED) as a result of a personal injury or disease sustained on the	do solemnly declare: (PLEASE FILL IN NAME IN FULL)	1.	I am the spouse of				, who died on the
	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of, who died on the		'	(N	AME OF DECEASED)		
	do solemnly declare: (PLEASE FILL IN NAME IN FULL)		day of	(year)	as a result of	a personal injury or	r disease sustained on the
•	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of, who died on the		day of	(year)	at		
EASE GIVE NAME OF CITY, TOWN OR OTHER PLACE)	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of, who died on the (NAME OF DECEASED) day of(year)as a result of a personal injury or disease sustained on the				(PLEASE GIVE N	NAME OF CITY, TO	WN OR OTHER PLACE)
or principally engaged as a harvester.	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of, who died on the (NAME OF DECEASED) day of(year)as a result of a personal injury or disease sustained on the		while in the employ of			or principall	y engaged as a harvester.
_OYER)	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of			(PLEASE GIVE NA	ME OF EMPLOYER)		
,	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of, who died on the (NAME OF DECEASED)	2.	I was born on the day of	of	(year)		
·)	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of	3.	My Social Insurance Number is				
	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of	4	Luce merried to my chove nom	ad analyse on ar be	we been living in a comm	on low relationship	ainaa tha
	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of, who died on the, who died on the, (year) as a result of a personal injury or disease sustained on the, day of, (year) at, (PLEASE GIVE NAME OF CITY, TOWN OR OTHER PLACE) while in the employ of, (PLEASE GIVE NAME OF EMPLOYER) 2. I was born on the	4.	-	-	-	-	
g in a common-law relationship since, the	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of		day of	(year)			
g in a common-law relationship since, the	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of				(PLEASE GIVE IN	AIVIE OF GITT, TOV	IN OR OTHER PLACE)
g in a common-law relationship since, the ASE GIVE NAME OF CITY, TOWN OR OTHER PLACE)	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of	5.			e were living together as h	usband and wife, a	and had been so living
g in a common-law relationship since, the ASE GIVE NAME OF CITY, TOWN OR OTHER PLACE)	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of		continuously since our marnage	, ελυερι.			
g in a common-law relationship since, the ASE GIVE NAME OF CITY, TOWN OR OTHER PLACE)	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of		continuousiy since our marriage	, except.			
g in a common-law relationship since, the ASE GIVE NAME OF CITY, TOWN OR OTHER PLACE)	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of			, елеері.			
g in a common-law relationship since, the ASE GIVE NAME OF CITY, TOWN OR OTHER PLACE)	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of			, ексерт.			
g in a common-law relationship since, the ASE GIVE NAME OF CITY, TOWN OR OTHER PLACE)	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of			, ексерт.			
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g in a common-law relationship since, the EASE GIVE NAME OF CITY, TOWN OR OTHER PLACE) together as husband and wife, and had been so living	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of				RTICULARS. IF NOT, SO S	STATE.)	
g in a common-law relationship since, the EASE GIVE NAME OF CITY, TOWN OR OTHER PLACE) together as husband and wife, and had been so living	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of	C	(IF ANY EXC	EPTIONS, GIVE PA		,	
g in a common-law relationship since, the EASE GIVE NAME OF CITY, TOWN OR OTHER PLACE) together as husband and wife, and had been so living IF NOT, SO STATE.)	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of	6.	(IF ANY EXC The children of my above-name	CEPTIONS, GIVE PA	under the age of 19 years	or who have attain	ned the age of 19 and are
g in a common-law relationship since, the EASE GIVE NAME OF CITY, TOWN OR OTHER PLACE) together as husband and wife, and had been so living IF NOT, SO STATE.)	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of	6.	(IF ANY EXC The children of my above-name still attending school, or a depen	EPTIONS, GIVE PA d spouse, who are indent invalid child c	under the age of 19 years of any age, are as follows:	or who have attain	-
g in a common-law relationship since, the EASE GIVE NAME OF CITY, TOWN OR OTHER PLACE) together as husband and wife, and had been so living IF NOT, SO STATE.) e of 19 years or who have attained the age of 19 and are e as follows:	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of	6.	(IF ANY EXC The children of my above-name still attending school, or a depen	EPTIONS, GIVE PA d spouse, who are a ndent invalid child c Social In	under the age of 19 years of any age, are as follows: surance	or who have attain ate	Present
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_OYER)	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of	3.	I was born on the day of My Social Insurance Number is I was married to my above-name	(PLEASE GIVE NA	ME OF EMPLOYER) (year)	on-law relationship	o since, the
	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of, who died on the (NAME OF DECEASED)		day of	(year)	at		·
	do solemnly declare: (PLEASE FILL IN NAME IN FULL) 1. I am the spouse of, who died on the		day of	(year)	as a result of	a personal injury or	disease sustained on the
	do solemnly declare: (PLEASE FILL IN NAME IN FULL)	1.	ram the spouse or	(N	AME OF DECEASED)		, who died on the
CEASED) as a result of a personal injury or disease sustained on the			l and the annual of				, solar all and any the
, who died on the CEASED) as a result of a personal injury or disease sustained on the				voi 10 wii: i,	(PLEASE	FILL IN NAME IN F	ULL)

	Social Insurance Number	Date of Birth	Present Residence
			_
			-
			OWN OR OTHER PLACE)
X	ADDRESS AND/OR P.O. BOX NUMBER)		OWN OR OTHER PLACE)
ine province/terntory of _	(PROVINCE/TERRITORY)	(POSTAL CODE) (PH	ONE – INCLUDE AREA CODE)
aim compensation on be terial to the matter of thi	half of myself and the children mentio is claim. I declare the information is tru	ned herein and I have n	ot concealed any facts or
aim compensation on be iterial to the matter of thi ence to make a false clai	half of myself and the children mentio is claim. I declare the information is tru	ned herein and I have n	ot concealed any facts or
aim compensation on be iterial to the matter of thi ence to make a false clai	half of myself and the children mentio is claim. I declare the information is tru	ned herein and I have no le and accurate. I under	ot concealed any facts or stand it may be a criminal
laim compensation on be aterial to the matter of thi ence to make a false clai GNATURE clared before me at:	half of myself and the children mentio is claim. I declare the information is tru m.	ned herein and I have no le and accurate. I under in MBER) (CITY,	ot concealed any facts or stand it may be a criminal TOWN OR OTHER PLACE)
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laim compensation on be neerial to the matter of thi ence to make a false clai GNATURE clared before me at: (S ⁻ the province/territory of	half of myself and the children mention is claim. I declare the information is tru- m. TREET ADDRESS AND/OR P.O. BOX NU this OF THE PEACE OR NOTARY PUBLIC	ned herein and I have no le and accurate. I under in MBER) (CITY, day of	ot concealed any facts or stand it may be a criminal TOWN OR OTHER PLACE)

or

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