

Name	Social Insurance Number	Date of Birth	Present Residence

7. My spouse, at the time of death, was supporting and maintaining the following other children now living:

Name	Social Insurance Number	Date of Birth	Present Residence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I reside at: \_\_\_\_\_ in \_\_\_\_\_  
(STREET ADDRESS AND/OR P.O. BOX NUMBER) (CITY, TOWN OR OTHER PLACE)

in the province/territory of \_\_\_\_\_ (PROVINCE/TERRITORY) \_\_\_\_\_ (POSTAL CODE) \_\_\_\_\_ (PHONE – INCLUDE AREA CODE) .

*I claim compensation on behalf of myself and the children mentioned herein and I have not concealed any facts or material to the matter of this claim. I declare the information is true and accurate. I understand it may be a criminal offence to make a false claim.*

\_\_\_\_\_  
SIGNATURE

Declared before me at: \_\_\_\_\_ in \_\_\_\_\_  
(STREET ADDRESS AND/OR P.O. BOX NUMBER) (CITY, TOWN OR OTHER PLACE)

in the province/territory of \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ (year) \_\_\_\_\_ .

\_\_\_\_\_  
**COMMISSIONER, JUSTICE OF THE PEACE OR NOTARY PUBLIC**

**NOTE:** You must send copies of your marriage and birth certificate, as well as the birth or baptism certificate of each of the children, to the commission with this claim.

If you would like assistance completing this form, or more information, please contact one of our offices listed below.

**Yellowknife:** Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: 867-920-3888 • Toll Free: 1-800-661-0792 • Fax: 867-873-4596  
Toll Free Fax: 1-866-277-3677 • Email: reportsnwt@wscc.nt.ca

or

**Iqaluit:** 2A-630 Queen Elizabeth Way, Iqaluit, NU X0A 3H0 • Telephone: 867-979-8500 • Toll Free: 1-877-404-4407 • Fax: 867-979-8501  
Toll Free Fax: 1-866-979-8501 • Email: reportsnu@wscc.nu.ca

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