

## Statutory Declaration for Dependents Other Than a Surviving Spouse

do	solemnly declare:				(P	LEASE FI	LL IN NAN	ME IN FUI	_L)	
1.	I am the(RELATIONSHIP TO DI	of							, who d	ed on the
	(RELATIONSHIP TO DI	ECEASED)		(	(NAME OF I	DECEASE	ED)			
	day of	, (year) _		as a	result of a p	oersonal i	njury or di	sease sus	stained on	the
	day of	, (year) _		at	(PLEASE G	VE NAME	E OF CITY,	, TOWN C	R OTHER	PLACE)
	while in the employ of						_ or princi	pally enga	aged as a	narvester
2.	I was born on the day	of	, (vear)							
	My Social Insurance Number is .									
	wy Social insulance Number is .				_ ·					
3.	I was wholly or partially depende necessities of life (i.e. food, shelt					ed's deat	h, for the p	orovision (	of the ordir	ary
4.	I was dependent on the decease	d for his/her cont	tribution for	my s	upport and	maintena	nce for	ye	ears.	
_			the decease				et two yea	rs made	hy cash ic	heaue.
5.	The dates and amounts of contri			sed to	r my suppoi	t in the la	ist two yea	aro, mado	by casii, c	
э.	The dates and amounts of contri money order, bank draft or by for			sed fo	r my suppoi	t in the la	isi iwo yea	aro, mado	by cash, c	
Э.				sed to	r my suppo	t in the la	isi iwo yea		by cash, c	
ο.				sed to	r my suppoi	t in the la	isi iwo yea	aro, mado	<i>by</i> 00311, 0	
ο.				sed to	r my suppo	t in the la	ist two year		by 64511, 6	
ο.		od, housing, etc.	are:	sed to	r my suppo	t in the la	St two year	o, made		
6.	money order, bank draft or by for	that confirm pa	are:					aro, mado	By 64311, 6	
	money order, bank draft or by for	that confirm pa	are:					o, made	by cash, o	
	money order, bank draft or by for	that confirm pa	are:					aro, mado	by Gasti, G	
6.	Include all receipts or records  I have an independent or anticipate	that confirm pa	yments.					aro, mado	By Gusti, G	
	money order, bank draft or by for	that confirm pa	yments.					aro, mado	By Gusti, G	
6.	Include all receipts or records  I have an independent or anticipate	that confirm pa	yments.					a.o, made	By Gusti, G	
6.	Include all receipts or records I have an independent or anticipate The amount of income I receives	that confirm parated source of incommon this source i	yments.					a.o, made	By Guoti, G	
6.	Include all receipts or records  I have an independent or anticipate	that confirm parated source of incommon this source i	yments.					aro, mado	By Guoti, G	
6.	Include all receipts or records I have an independent or anticipate The amount of income I receives	that confirm parated source of incommon this source i	yments.					a.o, made	By Guoti, G	
6.	Include all receipts or records I have an independent or anticipate The amount of income I receives	that confirm parated source of incommon this source i	yments.					alo, made	By Guoti, G	
6.	Include all receipts or records I have an independent or anticipate The amount of income I receives	that confirm parated source of income this source immediate.	yments.					aro, mado	By Guoti, G	
6. 7.	Include all receipts or records I have an independent or anticipate The amount of income I receive to the income I have been in receipt of the income I have be	that confirm parated source of income this source immediate.	yments.					and, made	By Guoti, G	

	ed, or was granted, an income tax exempt (If not, provide reason.)	tion on the ground th	at I was their dependent.	
☐ YES ☐ NO	ne deceased was married			
Name	Address	Date of Birth	Relation to Deceased	Marital Status
13. I wish to supply the	following other information to support my	claim that I was dep	endent on the deceased:	
reside at:(STF	REET ADDRESS AND/OR P.O. BOX NUMB	in	(CITY, TOWN OR OTHER	R PLACE)
n the province/territory o	f(PROVINCE/TERRITORY)	(POSTAL CODE	) (PHONE – INCLUDI	E AREA CODE)
claim compensation o	on behalf of myself, and I have not conce a above is true and accurate. I understa	ealed any facts or n	naterial to the matter of t	this claim. I
SIGNATURE				
Declared before me at: $\_$	(STREET ADDRESS AND/OR P.O. BOX N	NUMBER) in	(CITY, TOWN OR OTHER	R PLACE)
n the province/territory o	f this	day of	,	(year)
COMMISSIONER, JUST	TICE OF THE PEACE OR NOTARY PUBL	IC		

NOTE: You must send a copy of your birth certificate to the Commission with this claim.

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

Head Office: 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

Box 669 • Iqaluit, NU XOA 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8531 • Toll Free Fax: 1-866-979-8501