

Statutory Declaration for Dependents Other Than a Surviving Spouse

NORTHWEST TERRITORIES/NUNAVUT TO WIT: I, _____
do solemnly declare: (PLEASE FILL IN NAME IN FULL)

1. I am the _____ of _____, who died on the
(RELATIONSHIP TO DECEASED) (NAME OF DECEASED)
_____ day of _____, (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 _____ or principally engaged as a harvester.

2. I was born on the _____ day of _____, (year) _____.

My Social Insurance Number is _____.

3. I was wholly or partially dependent on the deceased at the time of the deceased's death, for the provision of the ordinary necessities of life (i.e. food, shelter, clothing). ☐ YES ☐ NO.

4. I was dependent on the deceased for his/her contribution for my support and maintenance for _____ years.

5. The dates and amounts of contributions made by the deceased for my support in the last two years, made by cash, cheque, money order, bank draft or by food, housing, etc. are:

Include all receipts or records that confirm payments.

6. I have an independent or anticipated source of income: ☐ YES ☐ NO I receive it from:

7. The amount of income I receive from this source is:

8. I have been in receipt of the income for:

9. I have monthly living expenses of:

10. The deceased claimed, or was granted, an income tax exemption on the ground that I was their dependent.

☐ YES ☐ NO (If not, provide reason.)

11. To my knowledge, the deceased was married ☐ YES ☐ NO and was survived by a spouse and/or children.

☐ YES ☐ NO

12. To my knowledge, these other individuals were dependent on the deceased at the time of the deceased's death:

Name	Address	Date of Birth	Relation to Deceased	Marital Status
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13. I wish to supply the following other information to support my claim that I was dependent on the deceased:

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 I have not concealed any facts or material to the matter of this claim. I declare the information above 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 a copy of your birth certificate 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

wscc.nt.ca • wscc.nu.ca

Ce formulaire est disponible en français.
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