



Statutory Declaration - Separation of Legal Spouses or Common-law Partners

It is very important that you:

- use a **pen** and **print** as clearly as possible.

	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 Separation of Legal Spouses or Common-law Partners		
I, _____, of _____, county of _____ name name of city, town or village _____, in the province or territory of _____, solemnly declare that: county province or territory my legal spouse or common-law partner _____, and I are/were living separate and apart. name of spouse or common-law partner			
1. We lived separate and apart from _____, to _____, day/month year day/month year for the following reason(s):			
2. My spouse or common-law partner and I last resided together on the _____ day of _____, _____ year day month year			
3. During our separation my spouse or common-law partner lived in a common-law relationship with someone else. <input type="radio"/> No <input type="radio"/> Yes If yes , please complete number 4.			
4. The name and current address of the person with whom my spouse or common-law partner lived in a common-law relationship is:			
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 <i>Privacy Act</i> and may be disclosed where authorized under the <i>Old Age Security Act</i> and the <i>Canada Pension Plan</i>.			
NOTE: If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the <i>Canada Pension Plan</i> or the <i>Old Age Security Act</i> , 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		
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

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 for Oaths	Commissioner Authority Number (if applicable)

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.

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