



## STATUTORY DECLARATION OF COMMON-LAW UNION

(IF APPLICABLE)

Country:  Province/State/Territory:   <div style="text-align: right;">To Wit:</div>	In the matter of an application made pursuant to the <i>Immigration and Refugee Protection Act</i> and Regulations  And  In the matter of common-law union,
--	---

We, \_\_\_\_\_ (name of declarant) and \_\_\_\_\_ (name of declarant's partner) of \_\_\_\_\_ (name of city, town, village), county of \_\_\_\_\_ (if applicable) in \_\_\_\_\_ (name of province, state, territory) in the country of \_\_\_\_\_ (name of country), solemnly declare that we have cohabited in a conjugal relationship for \_\_\_\_\_ continuous year(s) from \_\_\_\_\_ to \_\_\_\_\_.

Day Month Year      Day Month Year

<b>1</b> My common-law partner and I:  a) Have jointly signed a residential lease, mortgage or purchase agreement relating to a residence in which we both live. <input type="checkbox"/> Yes <input type="checkbox"/> No	b) Jointly own property other than our residence.  <input type="checkbox"/> Yes <input type="checkbox"/> No	c) Have joint bank, trust, credit union or charge card accounts.  <input type="checkbox"/> Yes <input type="checkbox"/> No	d) Have declared our common-law union under the <i>Canadian Income Tax Act</i> . (T-1 "General - Individual Income Tax Return")  <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---	--	---

<b>2</b> I have life insurance on myself which names my common-law partner as beneficiary. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>3</b> My common-law partner has life insurance on him/herself which names me as beneficiary. <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

**4** If none of the above sections applies, what other documentary evidence do you have that would indicate your relationship as common-law partners?

---

---

---

---

---

---

---

---

<b>5 SOLEMN DECLARATION</b>	
We make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.	
Name of declarant	Signature of declarant
Name of declarant's partner	Signature of declarant's partner
Declared before me at (City, Town, Village)	Commissioner of Oaths (Name)
county of	Signature of Commissioner of Oaths
in the province/state/territory of _____ in (country)	
this _____ day of _____ of the year _____	

Information to be provided on the Statutory Declaration of Common-law Union is collected under the authority of the *Immigration and Refugee Protection Act* and is required to determine your eligibility or that of your partner with respect to an application for sponsorship, an application for permanent residence or an application for temporary residence. It may be used to enforce any provisions of the Act or its regulations and may be provided to provincial authorities pursuant to federal/provincial information exchange agreements. Information you provide on this form will be stored in Personal Information Banks CIC PPU 013 (Sponsors of immigrants), CIC PPU 015 (Immigration case files), CIC PPU 051 (Foreign students records and case file), CIC PPU 053 (Permanent resident data system), CIC PPU 054 (Foreign workers records and case file). It is protected and accessible under the provisions of the *Privacy Act* and the *Access to Information Act*. Instructions for obtaining information are provided in InfoSource, a copy of which is located in all Citizenship and Immigration offices.