

CANADA:
PROVINCE OF BRITISH COLUMBIA.
TO WIT:

In the Matter of _____

I, _____
(Name of Declarant)

of _____
(Complete Address)

in the Province of British Columbia, do solemnly declare that I am _____
(State Relationship to the Event)

and the facts of the event are as follows:

And I 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 and by virtue of the "Canada Evidence Act."

Declared before me at the
of _____, in the
Province of British Columbia, this _____
day of _____, A.D. DECLARANT'S SIGNATURE

*Signature of Lawyer, Articled Law Student, Notary Public, or
Commissioner for Taking Affidavits*

The information provided on this form is collected under the authority of the *Vital Statistics Act* (RSBC 1996, c, 479 S 29(4)). The information provided will be used to register events and provide statistical and demographic information required for the administration of the provincial health care system. If you have any questions about the collection and use of this information, contact a British Columbia Vital Statistics Agency representative at 250-952-2681.

Personal information collected by the British Columbia Vital Statistics Agency is protected under the *Freedom of Information and Protection of Privacy Act* and is treated with the utmost confidentiality.

In the Matter of

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Statutory Declaration
(CANADA EVIDENCE ACT)

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