

AFFIDAVIT

Form 7

In the Provincial Court of British Columbia
Under the *Child, Family and Community Service Act*

Court File Number
Court Location:

THE CHILD:

This is the name and birthdate of each child involved.

In the matter of the child(ren)	Date(s) of Birth (mo/day/yr)
Name(s)	
_____	_____
_____	_____
_____	_____
_____	_____

THE PARENT(S):

This is the name(s) of the parent(s) of the children listed above.

The parent(s) of the child(ren) is/are:
Name(s)

YOUR NAME:

This is the name and address of the person swearing the affidavit.

I, <u>Name</u>
of, <u>Address</u> <u>City</u> <u>Prov.</u>
swear that:
1. I know or firmly believe the following facts to be true. Where these facts are based on information from others, I have stated the source of that information and I firmly believe that information to be true.
2. I make this affidavit in relation to an application by <input type="checkbox"/> me or by <u>Name</u>
3. _____
4. _____
5. _____
6. _____
Sworn before me
on <u>Date</u>
at _____ British Columbia
<u>Signature</u>
A Commissioner for taking Affidavits for British Columbia

I SWEAR:

By signing this affidavit, you are giving your oath that it is true. Paragraph 2: Is this affidavit being used in support of your own application, or is it for someone else? If anything in your affidavit is based on information received from others, state the name of the person who provided the information. If you need more space, simply indicate that a page is attached. If so, put the oath (signature) section at the end of the last sheet.

SWORN BEFORE:

The affidavit must be sworn before a qualified person. You may do this at the registry.

FILED BY:

The name and address of the person filing the affidavit goes here. (This may or may not be the person who swears the affidavit.)

This affidavit is filed by: <u>Name</u>
of: <u>Address</u> <u>City</u> <u>Prov.</u>
<u>Postal Code</u> <u>Phone</u> <u>Fax</u>