

CANADA:
PROVINCE OF BRITISH COLUMBIA.
TO WIT:

In the Matter of _____
TRC Recommendation 17 - Indigenous Name Change

I, _____
(Name of Declarant)

of _____
(Complete Address)

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

and the facts of the event are as follows:

I request a fee waiver and the ability to change my name (or child's name) to my (or their) traditional Indigenous name as per Truth and Reconciliation recommendation #17.

I am a survivor of (SELECT: Residential Schools/1960s Scoop). OR My family member (FILL IN RELATIONSHIP) is a survivor of (SELECT: Residential Schools/1960s Scoop).

I submit this Statutory Declaration that my (or child's) traditional name is (FILL IN BY CLIENT).

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

SAMPLE

Statutory Declaration
(CANADA EVIDENCE ACT)