



# STATUTORY DECLARATION OF COMMON-LAW UNION

BEFORE YOU START, READ THE INSTRUCTION GUIDE. TYPE or PRINT in black ink.

(IF APPLICABLE)

Country	Province/State/territory
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In the matter of an application made pursuant to the *Immigration and Refugee Protection Act 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 \_\_\_\_\_ (number of years) continuous year(s) from

\_\_\_\_\_ Date (YYYY-MM-DD) to \_\_\_\_\_ Date (YYYY-MM-DD)

<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
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<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 themselves which names me as beneficiary. <input type="checkbox"/> Yes <input type="checkbox"/> No
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**4** If none of the above sections applies, what other documentary evidence do you have that would indicate your relationship as common-law partners?


**5 SOLEMN DECLARATION**  
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)	Name of the person who administered the declaration
county of	Choose person's title from one of the following: <input type="checkbox"/> Notary Public <input type="checkbox"/> Commissioner of Oaths <input type="checkbox"/> Commissioner of Taking Affidavits
in the province/state/territory of _____ in (country)	
this _____ day of _____ of the year	Signature of the person who administered the declaration

Personal information provided on this form is collected by Immigration, Refugees, and Citizenship Canada (IRCC) under the authority of the Immigration and Refugee Protection Act (IRPA). The personal information provided will be used for the purpose of processing an application. The personal information provided may be disclosed to other federal government institutions, law enforcement bodies, provincial/territorial governments, foreign governments for the purpose of validating identity, information, eligibility, and admissibility. The personal information may also be disclosed to medical practitioners for the purpose of validating identity and eligibility.

Personal information may also be used other purposes including research, statistics, program and policy evaluation, internal audit, compliance, risk management, subsequent program eligibility, strategy development and reporting.

Failure to complete the form in full may result in a delay or the application not being processed. The Privacy Act gives individuals the right of access to, protection, and correction of their personal information. If you are not satisfied with the manner in which IRCC handles your personal information, you may exercise your right to file a complaint to the [Office of the Privacy Commissioner of Canada](#). The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank - IRCC PPU 013. 051, 054.