



## Statutory Declaration - Separation of Legal Spouses or Common-law Partners

**It is very important that you:**

- use a **pen** and **print** as clearly as possible.

<b>SECTION A - TO BE COMPLETED BY THE APPLICANT</b>		Social Insurance Number	
Canada, Province or Territory of  _____ province or territory		To Wit:  In the Matter of the <i>Canada Pension Plan</i> and the <i>Old Age Security Act</i> and In the Matter of Separation of Legal Spouses or Common-law Partners	
I, _____, of _____, county of _____ name name of city, town or village _____, in the province or territory of _____, solemnly declare that: county province or territory my legal spouse or common-law partner _____, and I are/were living separate and apart. name of spouse or common-law partner			
1. We lived separate and apart from _____, to _____, day/month year day/month year for the following reason(s):   			
2. My spouse or common-law partner and I last resided together on the _____ day of _____, _____, day month year			
3. During our separation my spouse or common-law partner lived in a common-law relationship with someone else. <input type="radio"/> No <input type="radio"/> Yes <b>If yes</b> , please complete number 4.			
4. The name and current address of the person with whom my spouse or common-law partner lived in a common-law relationship is:   			
<b>I hereby declare that, to the best of my knowledge, the information on this declaration is true and complete. I realize that my personal information is governed by the <i>Privacy Act</i> and may be disclosed where authorized under the <i>Old Age Security Act</i> and the <i>Canada Pension Plan</i>.</b>  <b>NOTE:</b> If you make a false or misleading statement, you may be subject to an administrative monetary penalty and interest, if any, under the <i>Canada Pension Plan</i> or the <i>Old Age Security Act</i> , or may be charged with an offence. Any benefits you received or obtained to which there was no entitlement would have to be repaid. Your Name (Please print) _____ Your Signature _____			
<b>Was the form completed and signed by someone other than the applicant?</b> If yes, that person must complete the section below and submit proof that they are authorized to act on behalf of the client. Call us at 1-800-277-9914 to find out what documents are required.			
Name	Relationship to applicant	Telephone number	Date
Address		Signature	

### SECTION B - TO BE COMPLETED BY THE COMMISSIONER FOR OATHS

Declared before me at _____, county of _____, name of city, town or village county in the province or territory of _____ this _____ day of _____, province or territory day month year		
Name of Commissioner and Organization (Please print)	Signature of Commissioner for Oaths	Commissioner Authority Number (if applicable)

Service Canada delivers Employment and Social Development Canada  
programs and services for the Government of Canada.



Service  
Canada

# Service Canada Offices

## Old Age Security

### Mail your forms to:

The nearest Service Canada office listed below.

From outside of Canada: The Service Canada office in the **province where you last resided**.

### Need help completing the forms?

Canada or the United States: **1-800-277-9914**

All other countries: **613-990-2244** (we accept collect calls)

TTY: **1-800-255-4786**

**Important:** Please have your social insurance number ready when you call.

### NEWFOUNDLAND AND LABRADOR

Service Canada  
PO Box 9430 Station A  
St. John's NL A1A 2Y5  
CANADA

### PRINCE EDWARD ISLAND

Service Canada  
PO Box 8000 Station Central  
Charlottetown PE C1A 8K1  
CANADA

### NOVA SCOTIA

Service Canada  
PO Box 1687 Station Central  
Halifax NS B3J 3J4  
CANADA

### NEW BRUNSWICK

Service Canada  
PO Box 250 Station A  
Fredericton NB E3B 4Z6  
CANADA

### QUEBEC

Service Canada  
PO Box 1816 Station Terminus  
Quebec QC G1K 7L5  
CANADA

### ONTARIO

**For postal codes beginning with "L, M or N"**

Service Canada  
PO Box 5100 Station D  
Scarborough ON M1R 5C8  
CANADA

### ONTARIO

**For postal codes beginning with "K or P"**

Service Canada  
PO Box 2013 Station Main  
Timmins ON P4N 8C8  
CANADA

### MANITOBA AND SASKATCHEWAN

Service Canada  
PO Box 818 Station Main  
Winnipeg MB R3C 2N4  
CANADA

### ALBERTA / NORTHWEST TERRITORIES AND NUNAVUT

Service Canada  
PO Box 2710 Station Main  
Edmonton AB T5J 2G4  
CANADA

### BRITISH COLUMBIA AND YUKON

Service Canada  
PO Box 1177 Station CSC  
Victoria BC V8W 2V2  
CANADA

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