## **SECURE CERTIFICATE OF INDIAN STATUS (SCIS)** STATUTORY DECLARATION IN LIEU OF GUARANTOR

## Privacy Act Statement

Personal information provided in this document is collected by Aboriginal Affairs and Northern Development Canada (AANDC) under the authority of the Indian Act. Individuals have the right to the protection of and access to their personal information under the Privacy Act. The information provided is voluntary. Failure to provide sufficient information may render the application invalid or may result in processing delays. Information provided is subject to routine verifications, including verifications against the Indian Register. AANDC may, for the purpose of receiving applications, collect personal information from Indian Registry Administrators. Furthermore, personal information will be disclosed to a third party for the purpose of printing the SCIS. In the performance of these duties, personal information will be processed and used in accordance with the provisions of the Privacy Act. Further details on the collection, use and disclosure of personal information are described under the Personal Information Bank INA PPU 110, which is detailed at www.infosource.gc.ca.

## **NOTICE TO ALL APPLICANTS**

The SCIS remains at all times the property of the Government of Canada and must only be used by the person in whose name it is issued. Any false or misleading statements on this form or relating to any document in support of this application, including concealment of any material fact, selling an SCIS or permitting any other individual or agency to use your SCIS may lead to criminal prosecution and is cause for revocation of the SCIS and refusal of future SCIS.

Important: This form must be completed and signed before a Commissioner for Oaths, Notary Public or Lawyer.

| A Applicant – Pe                               | rsonal Information (Cor    | nplete in | block lette                                | ers us                       | ing black                | or dark                 | blue ink)          |                    |                    |   |                  |                  |  |  |
|--|----------------------------|-----------|--|------------------------------|--------------------------|-------------------------|--------------------|--------------------|--------------------|---|------------------|------------------|--|--|
| Family Name (Last Na                           | ame)                       |           |  | G                            | iven Nan                 | ne(s)                   |                    |                    |                    |   |                  |                  |  |  |
| Alias  |                            |           | Date of Birth (YYYYMMDD)                   |                              |                          | Indian Registration No. |                    |                    |                    |   |                  |                  |  |  |
| Addresses (List your                           | addresses in the past FIVE | (5) years | s beginnin                                 | g witl                       | h the mos                | t currer                | nt)                |                    | '                  | • | •                | •                |  |  |
| Number/Street/Apartment/P.O.Box                |                            | С         | City/Town                                  |                              | Province/Territory/State |                         | ry/State           | From<br>(YYYYMMDD) |                    |   | (                | To<br>(YYYYMMDD) |  |  |
|  |                            |           |  |                              |                          |                         |                    |                    |                    |   |                  |                  |  |  |
|  |                            |           |  |                              |                          |                         |                    |                    |                    |   |                  |                  |  |  |
|  |                            |           |  |                              |                          |                         |                    |                    |                    |   |                  |                  |  |  |
|  |                            |           |  |                              |                          |                         |                    |                    |                    |   |                  |                  |  |  |
|  |                            |           |  |                              |                          |                         |                    |                    |                    |   |                  |                  |  |  |
| In the last FIVE (5) years,  my employers were |                            |           | and/or I was attending education instituti |                              |                          |                         |                    | stitutio           | itions as follows: |   |                  |                  |  |  |
| Business/School                                | Address                    | Teleph    | one No.                                    | Nature of Employment/Studies |                          |                         | From<br>(YYYYMMDD) |                    |                    | ( | To<br>(YYYYMMDD) |                  |  |  |
|  |                            |           |  |                              |                          |                         |                    |                    |                    |   |                  |                  |  |  |
|  |                            |           |  |                              |                          |                         |                    |                    |                    |   |                  |                  |  |  |
|  |                            |           |  |                              |                          |                         |                    |                    |                    |   |                  |                  |  |  |
|  |                            |           |  |                              |                          |                         |                    |                    |                    |   |                  | _                |  |  |
|  |                            |           |  |                              |                          |                         |                    |                    |                    |   |                  |                  |  |  |



| B References  |   |   |  |  |  |  |  |  |
|---|---|---|--|--|--|--|--|--|
| I have personally sought agreement and corfor at least <b>TWO (2)</b> years, to be contacted t                  | nsent from the <b>TWO</b> (<br>to confirm my identity | 2) following persons, who                                   | are not my relatives and l                               | nave known me                              |  |  |  |  |
| 1. Family Name (Last Name)  |   | Given Name(s)   |  |  |  |  |  |  |
| Relationship  | Telephone   | No. (Daytime)   | Has known me fo  | r (No. of Years)                           |  |  |  |  |
| ·   | ,   |   | (13.5)   |  |  |  |  |  |
| Address Number/Street/Apartment/P.O.Box   | l I   | City/Town   | l l  |  |  |  |  |  |
| Province/Territory/State  |   |   |  | Postal/ZIP Code                            |  |  |  |  |
| The most remoty exact   |   |   |  | 1 0014 211 0040                            |  |  |  |  |
| 2. Family Name (Last Name)  |   | Given Name(s)   |  |  |  |  |  |  |
| Relationship  | No. (Daytime)   | Has known me fo   | Has known me for (No. of Years)                          |  |  |  |  |  |
|   | ( )   |   |  |  |  |  |  |  |
| Address Number/Street/Apartment/P.O.Box   |   | City/Town   |  |  |  |  |  |  |
| Province/Territory/State Postal/ZIP Code  |   |   |  |  |  |  |  |  |
|   |   |   |  |  |  |  |  |  |
| One reference must sign one of the passpor (name of applicant/child/dependent adult)". Bidentity documents.     | t style photographs o<br>3OTH references are r        | n the reverse side with the equired to sign and date a      | e statement "This image is<br>copy of the front and back | a true likeness of<br>c of the applicant's |  |  |  |  |
| C Declaration of Applicant  |   |   |  |  |  |  |  |  |
| For mail-in applications only: I have presented signature and passport style photographs, to the                | d copies (both sides) on<br>the references above fo   | f my identity documents when the signature.                 | hich together bear my nam                                | e, photograph and                          |  |  |  |  |
| Declaration: I solemnly declare that I am una<br>statements made in this declaration are true an                | able to obtain an eligib<br>nd the photos enclosed    | le guarantor as defined in t<br>I are a true likeness of me | he Guarantor Declaration (<br>or the child/dependent adu | 33-111E), the<br>t.                        |  |  |  |  |
| Signed at (Location)  |   |   | Province/Territory/State                                 |  |  |  |  |  |
| Date (YYYYMMDD)  Signature of Applica  X  | ant   |   |  |  |  |  |  |  |
| B   |   |   |  |  |  |  |  |  |
| D Official's Information and Declarati  | ion De Com  | missioner for Oaths   | Notary Public  | Lawver                                     |  |  |  |  |
| D Official's Information and Declaration Family Name (Last Name)  | ion   | missioner for Oaths   | Notary Public  | Lawyer                                     |  |  |  |  |
| Family Name (Last Name)   | ion 🕨 🔲 Com   | missioner for Oaths   |  |  |  |  |  |  |
|   | ion • Com   | missioner for Oaths   | Telephone No. (Daytime                                   |  |  |  |  |  |
| Family Name (Last Name)   | sidence Address                                       | missioner for Oaths   |  | )  |  |  |  |  |
| Family Name (Last Name)  Given Name(s)  Business Name, Address or Permanent Res                                 | sidence Address                                       | r/Town  | Telephone No. (Daytime  ( )  Province/Territory/State    | )  |  |  |  |  |
| Family Name (Last Name)  Given Name(s)  Business Name, Address or Permanent Res                                 | sidence Address<br>City                               | r/Town  | Telephone No. (Daytime  ( )  Province/Territory/State    | )  |  |  |  |  |
| Family Name (Last Name)  Given Name(s)  Business Name, Address or Permanent Res Number/Street/Apartment/P.O.Box | sidence Address<br>City                               | /Town Signature of Office X                                 | Telephone No. (Daytime  ( )  Province/Territory/State    | )  |  |  |  |  |

