



## STATUTORY DECLARATION OF LEGAL MARRIAGE

Social Insurance Number

### SECTION A - TO BE COMPLETED BY THE APPLICANT

Canada PROVINCE / TERRITORY OF _____	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 Legal Marriage	
I, _____			
of the (City, Town, Village)	county of _____		
in the province / territory of _____			
Solemnly Declare, that: I am/was legally married to _____			
My spouse/former spouse and I were married at (Name of church or City Hall etc.) _____			
of the (City, Town, Village)	county of _____		
in the province / territory of _____			
_____ on the _____ day of _____, _____ (day) (month) (year).			
The ceremony was performed by _____			
The names and current addresses of two witnesses to the marriage ceremony are: *			
1. A _____		1. B _____	
* (If a witness is deceased or an address is not known, please indicate)			
2. I am unable to produce a marriage certificate as proof of my marriage for the following reason(s): _____			
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>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>X</b>	
Name of Spouse or Former Spouse (Please print)		Signature of Spouse or Former Spouse <b>X</b>	
Was the form completed and signed by someone other than the applicant? 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 <b>X</b>	

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

Declared before me at the (City, Town, Village)		county of _____	
in the province / territory of _____		this _____ day of _____, _____ (day) (month) (year).	
Name of Commissioner and Organization (Please print)	Signature of Commissioner <b>X</b>	Commissioner Authority Number (if applicable)	



Service  
Canada

# Service Canada Offices

## Canada Pension Plan

### 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: **613-957-1954** (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 AND QUEBEC

Service Canada  
PO Box 250  
Fredericton NB E3B 4Z6  
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 818 Station Main  
Winnipeg MB R3C 2N4  
CANADA

### BRITISH COLUMBIA AND YUKON

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

Disponible en français