AFFIDAVIT

(Separation/Divorce-no children)

_____ _____

Applicant's Name *(please print)* Social Insurance Number

_____

Street Address Apt #

_____

City Province Postal Code

I, _____ OF THE CITY/TOWN OF_____

MAKE THE FOLLOWING STATEMENT:

My marriage certificate has been misplaced, therefore

I solemnly declare that I am ☐ separated, ☐ divorced from my spouse named _____

and that we have been living apart since _____, _____, _____.

Day Month Year

Spouse's Address: _____

Street Address Apt# City Province Postal Code

I make this solemn declaration conscientiously deeming it to be factual and knowing that it is of the same force and result as if made under oath.

If any of the above information or situation changes, I will notify the Financial Aid Office.

Declared before me _____ on this _____day of_____, _____

_____

Student Signature

_____

Commission of Taking Affidavits Signature

Seal or Stamp