

**AFFIDAVIT**  
(Sole-Support Parent)

\_\_\_\_\_  
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  widowed,  never married and I am the sole-support parent of the child/children named below, and that they will be living with me full-time during my studies for the 2006/2007 academic year.

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Age

***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