Services aux Autochtones Canada

## STATUTORY DECLARATION IN LIEU OF GUARANTOR Registration and Secure Certificate of Indian Status (SCIS)

## Privacy statement

Personal information is collected, used and disclosed by Indigenous Services Canada in accordance with the *Privacy Act* (https://laws-lois.justice.gc.ca/eng/acts/P-21/index.html). Only information needed to administer the Indian Registration and the Secure Certificate of Indian Status programs is collected. The authority to collect and use personal information is derived from the *Indian Act* (https://laws-lois.justice.gc.ca/eng/acts/i-5/). The information collected is used to determine entitlement to registration on the Indian Register and membership in a First Nation whose Band List is maintained by the Department, to issue a Secure Certificate of Indian Status to registered persons and for the provision of benefits and services to those who are registered. The description of this personal information collection (AANDC PPU 110, AANDC PPU 220) is available at <a href="Info Source">Info Source</a> (https://www.sac-isc.gc.ca/eng/1353081939455). You have the right to access and request corrections to your personal information by contacting the department's Privacy Coordinator at 819-997-8277. For more information on privacy issues, complaints and the *Privacy Act* in general, you may consult the Privacy Commissioner at 1-800-282-1376.

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- ▶ If unable to find an eligible guarantor as defined in the Guarantor Declaration form (83-169E), the applicant must provide 2 references and complete the Statutory Declaration in lieu of Guarantor form (83-170E).
- ► The Declaration must be signed by the applicant in the presence of a person authorized by law to administer oaths and declarations, for example, a commissioner for oaths or for taking affidavits, a lawyer, a notary or a justice of the peace.

Complete the form on-scre	en or write in block letters using	black or dark blue in	k.			
SECTION 1: Applicant						
	6 years of age or older) applying applying applying for a child (15 years of				ndian Status	
Family name	Given name	Given names				
Family name at birth (if differen	Alias/Cultura	Alias/Cultural name (if applicable)				
Date of birth (YYYYMMDD)	Registration	Registration number (10 digits) (if applicable)				
Addresses where the applica	nt has lived in the last 5 years, b	peginning with the cur	rent addı	ress:		
Number, Stre	erritory/State	Postal/ZIP Code		From (YYYYMM)	To (YYYYMM)	
2						
Occupations in the last five 5	years, beginning with the most	recent (select all that	apply):			
Studying Emp	oloyed Other (specif	fy)				
Employer/School/Other	Address	Telephone number	Field o	Field of employment or studies From (YYYYM		To (YYYYMM)

SECTION 2: Child/Dependent adult (if applica	ble
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Co	omplete this section if the Declar dian Status.	ation supports a cl	hild's or depend	lent adult's application for registrat	tion or for the Secure Certificate of			
Family name				Given names				
S	ECTION 3 : References							
ap Ind Or or	plicant personally for at least 2 y digenous Services Canada. ne reference must perform the fo	rears; 3) not be a r llowing tasks free one printed photo	elative; and, 4) of charge: 1) sig	be available to confirm information	at 18 years of age; 2) have known the n about the applicant if contacted by applicant (or the name of the child sign and date each copy of the			
	Family name		Given names		Date of birth (YYYYMMDD)			
1	Telephone number (daytime)  Telephone		mber (other) Email address					
	Relationship to applicant			Has known the applicant for	years (minimum 2 years)			
	Family name		Given names		Date of birth (YYYYMMDD)			
2	Telephone number (daytime) Telephone num		ber (other)	Email address				
	Relationship to applicant			Has known the applicant for	years (minimum 2 years)			
S	ECTION 4: To be complete	ted by person	authorized	to administer oaths				
	Commissioner for Oaths/Affid Other (specify)	avits	Notary/Notary P	ublic Cav	wyer			
Fa	mily name			Given names				
	may name			Given names				
Business/Organization name (if applicable)				Telephone number (daytime)	Telephone number (other)			
Email address				Mailing address (number, street, unit, P.O. box)				
City		Country		Province/Territory/State	Postal/ZIP code			
SI	ECTION 5: Declaration of	applicant and	signatures					
De per	claration: I solemnly declare that rsons named as references are a	at I am unable to fi at least 18 years of ting to this form a	nd an eligible g f age, have kno and any docum	uarantor as defined in the Guaran	ntor Declaration form (83-169E). The e not relatives. I understand that any including the concealment of any			
Аp	pplicant name (family name, give	n names)		Signature of person authorize	ed to administer oaths			
Ap	oplicant signature							
Declared before the person authorized to administer oaths:			DD)	<u> </u> 				
Cit		Province/Territory/State		(If applicable, add your seal/stamp and information such as your licence number, commission number and expiry date.)				

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