



## STATUTORY DECLARATION IN LIEU OF GUARANTOR FOR CANADIANS APPLYING FOR A TRAVEL DOCUMENT

The applicant must complete and sign this form under oath or by solemn declaration in the presence of a person who, by law, is authorized to administer an oath or a solemn declaration. If the declaration is completed outside Canada, a qualified official includes a Canadian or British diplomatic or consular representative or a local official.  
**PRINT IN CAPITAL LETTERS using black or dark blue ink.**

1   APPLICANT'S PERSONAL INFORMATION					
Note: If insufficient space, attach a separate signed and dated sheet.					
Surname (last name)			Given name(s)		
Date of birth (YYYY-MM-DD)		Place of birth			
		City		Country	Province/Territory/State (if applicable)
Name of child (if you are applying on behalf of a child)					
All addresses in the last five (5) years, beginning with the most recent.					
(Number, Street, Apartment, City, Province/Territory/State, Country)			From YYYY	MM	To YYYY
(Number, Street, Apartment, City, Province/Territory/State, Country)			From YYYY	MM	To YYYY
(Number, Street, Apartment, City, Province/Territory/State, Country)			From YYYY	MM	To YYYY
(Number, Street, Apartment, City, Province/Territory/State, Country)			From YYYY	MM	To YYYY
(Number, Street, Apartment, City, Province/Territory/State, Country)			From YYYY	MM	To YYYY
Occupations in the last five (5) years, beginning with the most recent.					
<input type="checkbox"/> I am/was in school (full or part-time) and/or <input type="checkbox"/> I am/was employed (full or part-time) and/or <input type="checkbox"/> Other form of occupation (e.g. homemaker, retired, unemployed). Please specify: _____					
Employer/school or other	Address	Daytime telephone number	Field of employment/studies	Date (from) (YYYY-MM)	Date (to) (YYYY-MM)
Signature of applicant		Date (YYYY-MM-DD)			

**2 | REFERENCES**

Provide the following information with respect to **two (2)** persons (different from references provided on the passport application) who are not your relatives and have known you for at least **two (2)** years. They may be contacted to confirm your identity.

<b>1</b>	Surname (last name)		Given name(s)	
	Relationship	Address (Number, Street, Apartment, City, Province/Territory/State, Country)		
	Daytime telephone number	Evening telephone number	Cell number or email address (optional)	Has known me for Number or years
<b>2</b>	Surname (last name)		Given name(s)	
	Relationship	Address (Number, Street, Apartment, City, Province/Territory/State, Country)		
	Daytime telephone number	Evening telephone number	Cell number or email address (optional)	Has known me for Number or years

**3 | DECLARATION OF APPLICANT**

Note: This section must be completed in the presence of the official.

I am unable to find someone to act as a guarantor for the following reason:

I have presented the following identification document(s), to the official below.

<b>1</b>	Type of document	Document number	Date of expiry, if applicable (YYYY-MM-DD)	Your name as it appears on the document
<b>2</b>	Type of document	Document number	Date of expiry, if applicable (YYYY-MM-DD)	Your name as it appears on the document

**DECLARATION**—I solemnly declare that the statements made in this declaration are true. The photos attached hereto, marked "Exhibit A", are two identical, unaltered photos of myself or of the child.

<b>Signature of applicant</b>	Date (YYYY-MM-DD)	Signed at
		City Province/Territory/State (if applicable)

**4 | DECLARATION OF OFFICIAL**

The official must also certify, sign and date the back of **one (1)** of the photos and write, "This is exhibit A in support of the applicant's statutory declaration". If the applicant submits copies of his or her identity documents, the official must also sign and date both sides of the copies to indicate that the originals have been seen by the official.

Surname (last name)		Given name(s)	
Occupation <input type="checkbox"/> Commissioner for oaths <input type="checkbox"/> Lawyer <input checked="" type="checkbox"/> Notary public			
Daytime telephone number	Evening telephone number	Cell number or email address (optional)	
Business address			
Number    Street		City	Province/Territory/State (if applicable)    Country    Postal/ZIP code
<b>DECLARATION</b> —Made in my presence <input type="checkbox"/> Under oath \ <input type="checkbox"/> Solemn declaration			
<b>Signature of official</b>	Date (YYYY-MM-DD)	Signed at	
		City Province/Territory/State (if applicable)	