



## STATUTORY DECLARATION IN PLACE OF OTHER PARENT'S OR LEGAL GUARDIAN'S SIGNATURE FOR REGISTRATION AND SECURE CERTIFICATE OF INDIAN STATUS (IN-CANADA SCIS)

### Privacy Act Statement

The personal information provided in this document is collected under the authority of the *Indian Act* to determine the applicant's entitlement to inclusion in the Indian Register and, if applicable, in a Band List maintained by the Department of Indian Affairs and Northern Development (DIAND), and to obtain an in-Canada format of a Secure Certificate of Indian Status (in-Canada SCIS). The applicant has the right to the protection of and access to his or her personal information under the *Privacy Act*. The personal information will be retained indefinitely by DIAND. Details of the collection, use, disclosure and retention of personal information are described in the Personal Information Bank INA PPU 110, available online at [www.infosource.gc.ca](http://www.infosource.gc.ca).

**Important: Where the other parent or legal guardian is unavailable to sign the Registration and Secure Certificate of Indian Status (in-Canada SCIS) application form, this Statutory Declaration in Place of Other Parent's or Legal Guardian's Signature is to be completed and signed in the presence of a Commissioner for Oaths, Notary Public or Lawyer.**

### Parent or Legal Guardian Information and Declaration

Parent's or Legal Guardian's Family Name (Last Name)		Parent's or Legal Guardian's Given Name(s)	
Child's Family Name		Child's Given Name(s)	
Other Parent's or Legal Guardian's Family Name		Other Parent's or Legal Guardian's Given Name(s)	
Other Parent's or Legal Guardian's Last Known Address Number/Street/Apartment/P.O.Box		City/Town	Prov./Terr./State
Country	Postal/ZIP Code	Last Known Telephone No. (     )	Date at Last Known Address (YYYYMMDD)
Does the other parent or legal guardian have joint custody of the child or access rights? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, Date of Last Access to Child (YYYYMMDD)	

***I solemnly declare that I was unable to obtain the signature or information of the other parent or guardian. The last address of the other parent or guardian known to me is listed above.***

Date (YYYYMMDD)	Signature of Parent or Legal Guardian <b>X</b>
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### Official Declaration and Information Commissioner for Oaths    Notary Public    Lawyer

Family Name (Last Name)		Given Name(s)	
Daytime Telephone No. (     )	Evening Telephone No. (     )	<b>Declaration made before me on:</b>	
		Date (YYYYMMDD)	Signed at (Location)
Business Name, Address or Permanent Residence Address Number/Street/Apartment/P.O.Box/City/Town/Province/Territory/ State/Postal/Zip Code		Signature of Official (Affix stamp) <b>X</b>	