

Statutory Declaration and Claim for Surviving Spouse

	olemnly declare:	•	(PLEASE	FILL IN NAME IN FULL)
1.	I am the spouse of			, who died on the
	·		NAME OF DECEASED)	
	day of	(year)	as a result of a p	personal injury or disease sustained on the
	day of	(year)	at	
			(PLEASE GIVE NA	ME OF CITY, TOWN OR OTHER PLACE)
	while in the employ of .	(DL EASE OIVE NA	ME OF EMPLOYER)	or principally engaged as a harvester.
		`	,	
2.	I was born on the	day of	(year)	
3.	My Social Insurance N	umber is	·	
4.	I was married to my ab	ove-named spouse on, or have	e been living in a common-law	relationship since, the
	dov.of	(1,004)	ot.	•
	day or	(year)	at	ME OF CITY, TOWN OR OTHER PLACE)
	At the date of my above continuously since our		(and wife, and had been so living
6.	continuously since our The children of my abo	marriage, except: (IF ANY EXCEPTIONS,	vere living together as husband GIVE PARTICULARS. IF NOT, der the age of 19 years or who	and wife, and had been so living
6.	continuously since our The children of my abo	(IF ANY EXCEPTIONS, ove-named spouse, who are undependent invalid child of any a	GIVE PARTICULARS. IF NOT der the age of 19 years or who age, are as follows:	and wife, and had been so living SO STATE.) have attained the age of 19 and are still Present
6.	The children of my abo attending school, or a continuously since our	(IF ANY EXCEPTIONS, ove-named spouse, who are undependent invalid child of any a	GIVE PARTICULARS. IF NOT, der the age of 19 years or who age, are as follows:	and wife, and had been so living SO STATE.) have attained the age of 19 and are still Present
6.	The children of my abo attending school, or a continuously since our	(IF ANY EXCEPTIONS, ove-named spouse, who are undependent invalid child of any a	GIVE PARTICULARS. IF NOT, der the age of 19 years or who age, are as follows:	and wife, and had been so living SO STATE.) have attained the age of 19 and are still Present
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Name		Social Insurance Number	Dat of Bii	
	-			
asida at			in	
		AND/OR P.O. BOX NUMBER)		(CITY, TOWN OR OTHER PLACE)
the province/territory of	(PRO	VINCE/TERRITORY)	(POSTAL COL	DE) (PHONE – INCLUDE AREA CO
laim compensation or iterial to the matter o ence to make a false	(PRO n behalf of mys f this claim. I d	VINCE/TERRITORY) elf and the children mention	(POSTAL COE	(PHONE – INCLUDE AREA CO I have not concealed any facts or b. I understand it may be a criminal
laim compensation or aterial to the matter of fence to make a false GNATURE	(PRO n behalf of mys f this claim. I d claim.	VINCE/TERRITORY) elf and the children mention eclare the information is true	(POSTAL COI ed herein and e and accurate	I have not concealed any facts or
laim compensation or aterial to the matter of fence to make a false GNATURE	(PRO	VINCE/TERRITORY) elf and the children mention eclare the information is true RESS AND/OR P.O. BOX NUM	(POSTAL COL	I have not concealed any facts or b. I understand it may be a criminal
laim compensation or aterial to the matter of fence to make a false GNATURE	(PRO	VINCE/TERRITORY) elf and the children mention eclare the information is true RESS AND/OR P.O. BOX NUM	(POSTAL COL	I have not concealed any facts or b. I understand it may be a criminal (CITY, TOWN OR OTHER PLACE)

NOTE: You must send copies of your marriage and birth certificate, as well as the birth or baptism certificate of each of the children, to the commission with this claim.

If you would like assistance completing this form, or more information, contact one of our offices listed below.

Head Office: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: (867) 920-3888 • Toll Free: 1-800-661-0792 • Fax: (867) 873-4596 • Toll Free Fax: 1-866-277-3677

or