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/). 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 membership 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 (ISC PPU 110, ISC PPU 220) is available at Info Source (https://www.sac-isc.gc.ca/eng/163974867069/1639748703555). 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 Office of the Privacy Commissioner of Canada 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-scree	en or write in block letters using	black or dark blue inl	Κ.				
SECTION 1: Applicant							
The applicant is the person (16 applying for a child (15 or your	6 or older) applying for registration	on or for the Secure (Certificate	e of Indian Status (OR the parent/l	egal guardian	
Family name	Given names	Given names					
Family name at birth (if different	Alias/Cultura	Alias/Cultural name (if applicable)					
Date of birth (YYYYMMDD)	Registration	Registration number (10 digits) (if applicable)					
Addresses where the applicar	nt has lived in the last 5 years, b	eginning with the cur	rent addr	ess:			
Number, Stre	erritory/State	Postal/ZIP code		From (YYYYMM)	To (YYYYMM)		
Occupations in the last 5 year	rs, beginning with the most rece	nt (select all that app	ly):				
Studying Emp	loyed Other (specif	·y)					
Employer/School/Other	Address	Telephone number Fie		of employment or studies	From (YYYYMM)	To (YYYYMM)	



SI	ECTION 2: Child/Depend	ent adult (if apı	plicable)				
	omplete this section if the Declar dian Status.	ation supports a ch	nild's or depende	ent adult's application for registration	on or for the Secure Certificate of		
Family name				Given names			
SI	ECTION 3: References						
ap Ind	plicant personally for at least 2 y digenous Services Canada. ne reference must perform the fo	vears; 3) not be a re	elative; and, 4) b of charge: 1) sig	ne available to confirm information			
				using the SCIS Photo App; and 2)	sign and date each copy of the		
	nt and back of the applicant's identification documents. Family name Given name				Date of birth (YYYYMMDD)		
1	Telephone number (daytime) Telephone n		ber (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 n		ber (other)	Email address			
	Relationship to applicant			Has known the applicant for	years (minimum 2 years)		
S	ECTION 4: To be comple	ted by person	authorized t	o administer oaths			
	Commissioner for Oaths/Affic	davits 0 N	Notary/Notary Pu	ublic	yer		
	Other (specify)						
Family name				Given names			
Business/Organization name (if applicable)				Telephone number (daytime)	Telephone number (other)		
Email address				Mailing address (number, street, unit, P.O. box)			
Ci	у	Country		Province/Territory/State	Postal/ZIP code		
S	ECTION 5: Declaration o	f applicant and	d signatures				
pe fal	rsons named as references are	at least 18 years o ing to this form and	f age, have know d any document		or Declaration form (83-169E). The not relatives. I understand that any ding the concealment of any		
Applicant name (family name, given names)				Signature of person authorized	d to administer oaths		
Applicant signature							
•							
	eclared before the person athorized to administer oaths:	Date (YYYYMMDD))				
City		Province/Territory/State		· (If applicable, add your seal/stamp a	nd information such as your licence		

number, commission number and expiry date.)

