

Statutory Declaration of Common-Law Union

New Brunswick Provincial Nominee Program (NBPNP)



APPLICANT DETAILS	
Family name(s) exactly as shown on your passport or travel document	Date of birth (mm-dd-yyyy)
First name(s) exactly as shown on your passport or travel document	Middle name(s) exactly as shown on your passport or travel document

In the matter of establishing eligibility as a common-law partner pursuant to the *Immigration and Refugee Protection Act and Regulations* and in the matter of common-law union, we, _____ and _____
(name of declarant) (name of declarant's partner)

of _____ county of _____ in _____
(name of city, town, village) (if applicable) (name of provide, state, territory)

in the country of _____, solemnly declare that we have cohabited in a conjugal relationship for
(name of country)

_____ continuous year(s) from _____ to _____
(number of years) date (mm-dd-yyyy) date (mm-dd-yyyy)

<p>My common-law partner and I:</p> <p><input type="checkbox"/> have jointly signed a residential lease, mortgage or purchase agreement relating to the residence in which we both live+</p> <p><input type="checkbox"/> jointly own property other than our residence+</p> <p><input type="checkbox"/> have joint bank, trust, credit union or charge card accounts+</p> <p><input type="checkbox"/> one of us has life insurance which names my common-law partner as beneficiary+</p>	<p>If none of the categories apply, what other documentary evidence do you have that would indicate your relationship as common-law-partners?</p>
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+ Copies of relevant documents must be attached

SOLEMN DECLARATION

We do solemnly declare that the information we have given in the forgoing application is truthful, complete and correct, and we make this solemn declaration believing it to be true and knowing that it is of the same force and effect as if made under oath. We understand that any false statements or concealment of a material fact may result in our exclusion from the NBPNP. We understand all the above information, having had the opportunity to ask for or having asked for and obtained an explanation on every point which was not clear to us.

Signature of declarant

Date (mm-dd-yyyy)

Signature of declarant's partner

Date (mm-dd-yyyy)

Solemnly declared before me at _____ county of _____ in _____
(name of city, town, village) (if applicable) (name of province, state, territory)

in the country of _____ this _____ day of _____, 20____.
(name of country)

Signature of notary public, commissioner of oaths or commissioner of taking affidavits

Professional chop/stamp

Personal information on this form is collected under the authority of the *Immigration and Refugee Protection Act*, SC 2001 c.27. The purpose of the collection is to process your application for the New Brunswick Provincial Nominee Program (NBPNP). The information will be used for research, performance measurement and/or evaluation of the Program. If you have any questions about the collection and handling of personal information you may contact the Director of Operations, Compliance and Integrity, Government of New Brunswick at Place 2000, 250 King Street, Fredericton New Brunswick, Canada, E3B 9M9. Telephone: (506) 453-3981; Email: immigration@gnb.ca; Website: www.welcomenb.ca.