



COMMON EXPERIENCE PAYMENT FOR FORMER STUDENTS WHO RESIDED AT INDIAN RESIDENTIAL SCHOOL(S)

PLEASE PRINT

GUARANTOR DECLARATION

The Guarantor Declaration is submitted when the Common Experience Payment (CEP) applicant cannot obtain the documents outlined in the CEP application that support a change of name. In such cases, a Guarantor Declaration is used to attest to the current name being used by the applicant on the CEP application. Service Canada may contact the persons identified in this form to verify their declaration.

Please ensure that a completed and signed application for the Common Experience Payment along with supporting identity documents is also submitted.

1. APPLICANT INFORMATION REGARDING THE NAME CHANGE

(a) Name currently known by and used on CEP application.

First Name(s) / Middle Name(s) (if applicable) / Last Name(s)

(b) Name shown on identity documents

First Name(s) / Middle Name(s) (if applicable) / Last Name(s)

Provide reason for the change in name (eg. Marriage) between the identity documents and the application form and the approximate date of name change.

Blank lines for providing reason for name change and approximate date.

Applicant's date of birth

Applicant's phone number

Year / Month / Day

( ) -



<b>2. GUARANTOR INFORMATION</b>		<b>LANGUAGE PREFERENCE</b>
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms.		<input type="checkbox"/> English <input type="checkbox"/> French
First Name(s)	Middle Name(s) (if applicable)	Last Name(s)
<b>3. MAILING ADDRESS OF GUARANTOR</b>		
<hr/> Name of organization (if applicable)		
(No., Street, Apt., R.R.)		City/Town/Community
Province/Territory/State	Country	Postal Code/Zip Code
<b>4. TELEPHONE NUMBERS OF GUARANTOR</b>		
Home	Business	Cell / Other
(   )   -	(   )   -	(   )   -
<b>5. OCCUPATION OF GUARANTOR</b>		<input type="checkbox"/> Medical doctor <input type="checkbox"/> Minister of religion authorized under provincial law to perform marriages <input type="checkbox"/> Notary public <input type="checkbox"/> Optometrist <input type="checkbox"/> Pharmacist <input type="checkbox"/> Police officer (municipal, provincial or RCMP) <input type="checkbox"/> Postmaster <input type="checkbox"/> Principal of a primary or secondary school <input type="checkbox"/> Professional accountant (APA, CA, CGA, CMA, PS, RPA) <input type="checkbox"/> Professional engineer (P. Eng., Eng. In Quebec) <input type="checkbox"/> Senior administrator in a community college (includes CEGEPs) <input type="checkbox"/> Senior administrator or teacher in a university <input type="checkbox"/> Social Worker with MSW (Masters in Social Work) <input type="checkbox"/> Veterinarian
Please indicate your occupation <input type="checkbox"/> Chief or Councilor of First Nations Band Council <input type="checkbox"/> Council of the Métis Settlements General Council and Members of the Saskatchewan Provincial Métis Council <input type="checkbox"/> Members of the Saskatchewan Provincial Métis Council <input type="checkbox"/> Dentist <input type="checkbox"/> Executive Officer of Nunavut Tungavik Inc <input type="checkbox"/> Executive Officer of Inuvialuit Regional Corporation and of the six (6) Inuvialuit Community Corporations (Northwest Territories) <input type="checkbox"/> Executive Officer of Makivik (Northern Quebec) <input type="checkbox"/> Judge <input type="checkbox"/> Lawyer (member of a provincial bar association) <input type="checkbox"/> Notary in Quebec <input type="checkbox"/> Magistrate <input type="checkbox"/> Mayor		

For assistance completing this form, please call Service Canada at 1-866-699-1742 (TTY 1-800-926-9105).





**6. APPLICANT'S SIGNATURE**

My signature/mark indicates that the information I have provided in this form is true and accurate. I acknowledge that knowingly making a false or fraudulent statement could result in criminal prosecution. I understand that every form is subject to verification.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

I understand that the information requested in this form is required for the administration of the Common Experience Payment. I understand that personal information is protected under the Privacy Act and the Department of Social Development Act (DSD Act). I have the right to request access to my personal information pursuant to the Privacy Act, and I am aware that the information may be used or disclosed within the conditions set out in the Privacy Act, DSD Act and outlined in the Personal Information Bank (HRSDC PPU 100).

**7. GUARANTOR DECLARATION:**

I hereby declare that I have known the applicant as \_\_\_\_\_  
(PLEASE INSERT APPLICANT'S FULL NAME) personally for at least TWO years.

\_\_\_\_\_  
**NAME (print)**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

I understand that the information requested in this form is required for the administration of the Common Experience Payment. I understand that personal information is protected under the Privacy Act and Department of Social Development Act (DSD Act). I have the right to request access to my personal information and am aware that the information may be used or disclosed within the conditions set out in the Privacy Act, DSD Act and outlined in the Personal Information Bank (HRSDC PPU 100).

**To be mailed to:**

**CEP Processing Centre  
706 Yates Street  
PO Box 8729 STN Central  
Victoria, BC V8W 3S3**