



# DECLARATION OF MARITAL STATUS OF THE DESEASED POLICYHOLDER

I, the undersigned, declare that the civil status of \_\_\_\_\_ at the time of death was:

Married [ ] Spouse's name: \_\_\_\_\_

Separated [ ] Spouse's name: \_\_\_\_\_

Divorced [ ] Decree Absolute issued on: \_\_\_\_\_ (date)

Single [ ]

Widow(er) [ ]

Common-law spouse [ ] and permanently residing with: \_\_\_\_\_

Since: \_\_\_\_\_ and publicly represented as my spouse.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Declarant's Signature

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone No.: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Social Insurance No.: \_\_\_\_\_

(will be used for tax purposes only)