

SWORN AFFIDAVIT facts

(Please Print)

CANADA) IN THE MATTER OF FACTS of Baptism of:
 PROVINCE OF)

 Person's Last Name Given Name(s)
 ALBERTA)

 Birth Date (DD/MMM/YYYY)

I, the undersigned declarant brother sister mother father other _____

Last Name		Given Name(s)		
Address	City/Town	Province	Country	Postal Code
Home Phone	Business Phone		Occupation	

(Here state plainly, as a witness to the Baptism, the relevant facts which the declarant is hereby declaring to be true. The following is required: name of the person Baptized, date of birth and birthplace, parent's names including the mother's maiden name, names of sponsors, name and location of parish church, date of Baptism and name of priest officiating.)

1. _____

2. _____

3. _____

I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of the Canada Evidence Act.

SOLEMNLY DECLARED before me)
)
 at _____, Alberta)
 (city/town))
 on _____)
 (dd/mmm/yy)) _____
 Signature of Declarant

 A Commissioner For Oaths or Notary Public
 in and for Alberta

