Sworn Affidavit Facts (Confirmation) — Appendix 815B

SWORN AFFIDAVIT facts

(Please Print)

CANADA)	IN THE MATTER OF FACTS of Confirmation of:				
PROVINCE OF)					
		Person's Last Name		Given Name(s)		
ALBERTA)					
		Birth Date (DD/MMM/YYYY)				
I, the undersigned d	eclarant	□ brother □ siste	r □ mother □ fathe	er 🗆 other		
Last Name			Given Name(s)			
		20. 45				
Address		City/Town	Province	Country	Postal Code	
Home Phone		Rusiness Phon	Business Phone Occupation			
THORIC I HOHE		Dusiness r non	Sassiness i none		Сссарацоп	
the mother's maiden i	name, date	and place of Baptism	&/or Profession of F		e, parent's names including ion, name and location of onfirmation.)	
2.						
3.						
I make this solemn of and effect as if made		-	_		it is of the same force	
SOLEMNLY DECLARE	D before n	ne)				
at	Δlhert) a 1				
(city/town)	, Albert))				
on)				
on (dd/mmm/yy)			Signature of D	eclarant		
A Commissioner For	Oaths or N	Notary Public				
in and for Alberta						

