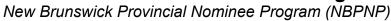
## Statutory Declaration from Non-Accompanying Parent/Guardian for Minors Immigrating to Canada





This form must be filled out by the non-accompanying parent/guardian, former spouse or former common-law partner and be witnessed by a notary public. A copy of this form must be completed for each child travelling to Canada.

NON-ACCOMI	PANYING PAR	ENT/GUARDIAN IN	FORMATION														
First name(s) exactly as shown on your passport or travel document  First name(s) exactly as shown on your passport or travel document					Relationship to Child  Middle name(s) exactly as shown on your passport or travel document												
									Current mailin	g address, incl	luding postal code	(All correspondence will go	to this	address unless you ind	licate your email add	lress)	
									PO Box	Apt./Unit Street no.		Street name		City or Town		,	
	·																
Country		Province or State			District		Postal Code										
•																	
CHILD'S INFO	PMATION																
		own on your passno	rt or travel document		l n	ate of birth (mm-do	-1000()										
i anni j namo(	o, oxaotiy ao oii	omi on your pacopo	it of travol accamont		ا	ate of birth (illin-de	-yyyy <i>)</i>										
First name(s)	exactly as show	vn on your passport o	dle name(s) exactly as	me(s) exactly as shown on your passport or travel document													
l,	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			, declare that	I have no objections t	o my									
(name of r	ion-accompany	ing parent/guardian,	former spouse or former cor	mmon	-law partner)												
child:																	
(full na	me of child)					(child's date of birth	mm-dd-yyyy)										
•	,					`	33337										
immigrating to	Canada with his	s/her parent/guardiar	1.														
DECLARATION																	
			guardian, former spouse or	forme	r common-law partner, i	in front of the witnes	s. Present your origin	nal									
identification ca	ira to the withes	iS.															
I do declare th	at the informati	on I have given in the	e forgoing application is truth	ıful co	omplete and correct and	d I make this declara	tion believing it to be	true and									
		_	made under oath. I have re				_										
•							•	•									
for and obtain	ed an explanat	ion on every point w	hich was not clear to me. I	have	read and understood th	ne contents of this de	eclaration and by sigr	ning and									
returning this	declaration, I ar	m confirming that I fu	lly understand that I may be	perm	anently separated from	my above-named cl	nild.										
Non-accomp	anying parent/g	guardian, former spo	use or former common-law բ	partne	r signature Dat	te (mm-dd-yyyy)											
								1									
Witness nam	ne – notary publ	lic (block letters)			Witness – notar	y public professiona	l chop/stamp										
Witness title	- notary public	(block letters)															
		(====)															
Witness sign	ature - notary p	ublic	<del></del>	L				_									
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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 Immigration Services, Government of New Brunswick at Place 2000, 250 King Street, Fredericton, New Brunswick, Canada, E3B 9M9. Telephone: (506) 453-3981; Email: <a href="mmigration@gnb.ca">immigration@gnb.ca</a>; Website: <a href="mmigration@gnb.ca">www.welcomenb.ca</a>.