

FORM 4D  
Courts of Justice Act  
AFFIDAVIT

*(General heading)*

AFFIDAVIT OF *(name)*

I, *(full name of deponent)*, of the (City, Town, etc.) of ....., in the (County, Regional Municipality, etc.) of ....., *(where the deponent is a party or the lawyer, officer, director, member or employee of a party, set out the deponent's capacity),*

MAKE OATH AND SAY *(or AFFIRM)*:

1. *(Set out the statements of fact in consecutively numbered paragraphs, with each paragraph being confined as far as possible to a particular statement of fact.)*

**Sworn or Affirmed before me:** *(select one):* in person OR by video conference

**Complete if affidavit is being sworn or affirmed in person:**

at the (City, Town, etc.) of ..... in the (County, County, Regional Municipality, etc.) of ....., on *(date)*.

\_\_\_\_\_  
*Signature of Commissioner (or as may be)*

\_\_\_\_\_  
*Signature of Deponent*

**Use one of the following if affidavit is being sworn or affirmed by video conference:**

**Complete if deponent and commissioner are in same city or town:**

by ..... *(deponent's name)* at the (City, Town, etc.) of ..... in the (County, Regional Municipality, etc.) of ....., before me on ..... *(date)* in accordance with [O. Reg. 431/20](#), Administering Oath or Declaration Remotely. ....

Commissioner for Taking Affidavits *(or as may be)*

\_\_\_\_\_  
*Signature of Commissioner (or as may be)*

\_\_\_\_\_  
*Signature of Deponent*

**Complete if deponent and commissioner are not in same city or town:**

by ..... *(deponent's name)* of (City, Town, etc.) of ..... in the (County, Regional Municipality, etc.) of ....., before me at the (City, Town, etc.) of ..... in the (County, Regional Municipality, etc.) of ....., on ..... *(date)* in accordance with [O. Reg. 431/20](#), Administering Oath or Declaration Remotely. ....

Commissioner for Taking Affidavits *(or as may be)*

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*Signature of Commissioner (or as may be)*

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*Signature of Deponent*

RCP-E 4D (September 1, 2020)