|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ONTARIO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Declaration Affirming Parentage under section 12(1) of the  *Children's Law Reform Act* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | | | **I** *(name in full)* |  | | | | | | | | | | | | | , of *(name of municipality)* | | | | | | | | |  | | | |
|  | | | in the  province  state of | | | | | | | |  | | | | | | | | , solemnly declare that I am the of | | | | | | | | | | |
|  | | | (surname of child) | |  | | | | | | | | | | | (given name(s)) | | | |  | | | | | | | | | , |
|  | | | a  male  female child born on *(date)* | | | | | | | | | | |  | | | | | | | | | | | | | , at *(place)* | | |
|  | | |  | | | | | | | | | | | | | | | | | | . | | | | | | | | |
|  | | | Birth registration number (if known): | | | | | | | | | |  | | | | | | | | | | | | | | |  | |
|  | | | My date of birth is | | |  | | | | | | | | | . | | | | | | | | | | | | | | |
|  | | | My place of birth is | | | | |  | | | | | | | | | | | | | | | | | . | | | | |
|  | | | My social insurance number is | | | | | | | | |  | | | | | | and 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. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Declared before me at | | | | | | |  | | | | | | | | | | | | | | |  |  |  | | | | | |
|  | | | | | | | municipality | | | | | | | | | | | | | | |  |  |  | | | | | |
| in |  | | | | | | | | | | | | | | | | | | | | |  |  |  | | | | | |
|  | province, state, or country | | | | | | | | | | | | | | | | | | | | |  |  |  | | | | | |
| on | |  | | | | | | |  |  | | | | | | | | | | | |  |  | Signature of deponent | | | | | |
|  | | Date | | | | | | |  | Commissioner for taking affidavits | | | | | | | | | | | |  |  |
| (Type or print name below if signature is illegible.) | | | | | | | | | | | |