|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ONTARIO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Joint Declaration Affirming Parentage under section 12(2) of the  *Children's Law Reform Act* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** | | | **I** *(mother's name in full)* | | |  | | | | | | | | | | | , of *(name of municipality)* | | | | | | | | | |  | | | |
|  | | | in the  province  state of | | | | | | |  | | | | | | | | | , solemnly declare that I am the mother of | | | | | | | | | | | |
|  | | | (surname of child) |  | | | | | | | | | | (given name(s)) | | | | | |  | | | | | | | | | | , |
|  | | | a  male  female child born on *(date)* | | | | | | | | | |  | | | | | | | | | | | | , at *(place)* | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | . | | | | | | | | | |
|  | | | Birth registration number (if known): | | | | | | | | |  | | | | | | | | | | | | | | | |  | | |
|  | | | My social insurance number is | | | | | | | |  | | | | | | | . | | | | | | | | | | | | |
| **2.** | | | **I** *(father's name in full)* | |  | | | | | | | | | | | , of *(name of municipality)* | | | | | | | | | |  | | | | |
|  | | | in the  province  state of | | | | | | |  | | | | | | | | | , solemnly declare that I am the father of the child | | | | | | | | | | | |
|  | | | referred to in paragraph 1. My social insurance number is | | | | | | | | | | | |  | | | | | | | | | | | | | | , | |
|  | | | and we 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Severally declared before me at | | | | | | | |  | | | | | | | | | | | | | |  |  |  | | | | | | |
|  | | | | | | | | municipality | | | | | | | | | | | | | |  |  | Signature of mother | | | | | | |
| in |  | | | | | | | | | | | | | | | | | | | | |  |  |  | | | | | | |
|  | province, state, or country | | | | | | | | | | | | | | | | | | | | |  |  |  | | | | | | |
| on | |  | | | | |  | |  | | | | | | | | | | | | |  |  | Signature of father | | | | | | |
|  | | Date | | | | |  | | Commissioner for taking affidavits | | | | | | | | | | | | |  |  |
| (Type or print name below if signature is illegible.) | | | | | | | | | | | | |