**STATUTORY DECLARATION OF SINGLE STATUS**

CANADA ) IN THE MATTER OF:  
Province of \_\_\_\_\_\_\_\_ ) the marriage between

) (full name of both parties as in Passports)

I, (full name as in Passport) of the City of \_\_\_\_\_\_\_\_, in the Province of \_\_\_\_\_\_\_ DO SOLEMNLY AND SINCERELY DECLARE THAT:

**1.** I am (full name as in Passport), born as (full name as in Birth Certificate) on (month dd, yyyy) in (place of birth).

**2.** I am a (nationality) citizen with passport No. \_\_\_\_\_\_\_ who resides at (full address).

**3.** I intend to marry (full name as in Passport) in the (hotel name) in (City), Dominican Republic during the week of (month/dd/yyyy).

**4.** I am single and have never been married before. To the best of my knowledge and belief there is no legal impediment or other lawful cause to prevent me from getting married. **(Use this paragraph ONLY if applicable)**

**4**. I am divorced according to the Divorce Certificate No.\_\_\_\_\_\_\_\_\_\_ as of \_\_\_\_\_\_\_\_\_\_\_. During my previous marriage I was known as\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. To the best of my knowledge and belief there is no legal impediment or other lawful cause to prevent me from getting married. **(Use this paragraph ONLY if applicable, otherwise Please delete this paragraph)**

**4.** I have been previously married and my spouse is deceased as indicated in the Certificate of Death No.\_\_\_\_\_\_\_\_\_\_ as of \_\_\_\_\_\_\_\_\_\_\_. During my marriage I was known as \_\_\_\_\_\_\_\_\_\_\_. To the best of my knowledge and belief there is no legal impediment or other lawful cause to prevent me from getting married. **(Use this paragraph ONLY if applicable,** **otherwise Please delete this paragraph**)

**5.** The names of my parents are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Mother and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Father.

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 and by virtue of the Canada Evidence Act.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)   
(full name as in Passport)

DECLARED before me at (City), Province of \_\_\_\_\_\_\_, Canada, this (dd) of (month), (yyyy).