

To Wit:

I _____,
(Full legal name)

in the _____ of _____ in the
(City/Town etc) (Name of City, Town etc)

_____ of _____, Province of Ontario,
(County, Regional Municipality etc) (Name of County, Regional Municipality etc)

make oath and say:

Sworn before me _____)

at the _____ of _____) _____
(City, Town etc) (Name of City/Town etc) (Signature of declarant)

in the _____ of _____)
(County, Regional Municipality etc) (Name of County, Regional Municipality etc)

this _____ day of _____, _____
(day) (month) (year)

* A Commissioner etc

* **Commissioner may be:** any individual authorized under the *Commissioners for taking Affidavits Act*.