

**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*.