WSCC Workers' Safety & Compensation Commission | ᐃᖅᑲᓇᐃᔭᖅᑎᓄᑦ ᐊᑦᑕᓇᖅᑐᓂᒃ ᐊᒻᒪ ᓇᓪᓕᐅᒃᑯᒪᓂᒃ ᖃᐅᔨᓴᖅᑎᑦ

Statutory Decalaration for Dependents Other Than A Surviving Spouse

NORTHWEST TERRITORIES/NUNAVUT TO WIT: I, _____
do solemnly declare: (PLEASE FILL IN NAME IN FULL)

1. I am the _____ of _____ , who died on the
(RELATIONSHIP TO DECEASED) (NAME OF DECEASED)

_____ day of _____ , (year) _____ as a result of a personal injury or disease sustained on the

_____ day of _____ , (year) _____ at _____
(PLEASE GIVE NAME OF CITY, TOWN OR OTHER PLACE)

while in the employ of _____ or principally engaged as a harvester.

2. I was born on the _____ day of _____ , (year) _____ .

My Social Insurance Number is _____ .

3. I was wholly or partially dependent on the deceased at the time of the deceased's death, for the provision of the ordinary necessities of life (i.e. food, shelter, clothing). ☐ YES ☐ NO.

4. I was dependent on the deceased for his/her contribution for my support and maintenance for _____ years.

5. The dates and amounts of contributions made by the deceased for my support in the last two years, made by cash, cheque, money order, bank draft or by food, housing, etc. are:

_____

_____

_____

Include all receipts or records that confirm payments.

6. I have an independent or anticipated source of income: ☐ YES ☐ NO I receive it from:

_____

_____

7. The amount of income I receive from this source is:

_____

_____

8. I have been in receipt of the income for:

_____

_____

9. I have monthly living expenses of:

_____

_____

10. The deceased claimed, or was granted, an income tax exemption on the ground that I was their dependent.
☐ YES ☐ NO (If not, provide reason.)

_____

_____

11. To my knowledge, the deceased was married ☐ YES ☐ NO and was survived by a spouse and/or children.
☐ YES ☐ NO

12. To my knowledge, these other individuals were dependent on the deceased at the time of the deceased's death:

Name	Address	Date of Birth	Relation to Deceased	Marital Status

13. I wish to supply the following other information to support my claim that I was dependent on the deceased:

_____

_____

_____

I reside at: _____ in _____
(STREET ADDRESS AND/OR P.O. BOX NUMBER) (CITY, TOWN OR OTHER PLACE)

in the province/territory of _____ _____ _____
(PROVINCE/TERRITORY) (POSTAL CODE) (PHONE – INCLUDE AREA CODE)

I claim compensation on behalf of myself, and I have not concealed any facts or material to the matter of this claim. I declare the information above is true and accurate. I understand it may be a criminal offence to make a false claim.

_____
SIGNATURE

Declared before me at: _____ in _____
(STREET ADDRESS AND/OR P.O. BOX NUMBER) (CITY, TOWN OR OTHER PLACE)

in the province/territory of _____ this _____ day of _____, (year) _____ .

_____
COMMISSIONER, JUSTICE OF THE PEACE OR NOTARY PUBLIC

NOTE: You must send a copy of your birth certificate to the Commission with this claim.

If you would like assistance completing this form, or more information, contact one of our offices listed below.

Head Office: Box 8888 • Yellowknife, NT X1A 2R3 • Telephone: (867) 920-3888 • Toll Free: 1-800-661-0792 • Fax: (867) 873-4596 • Toll Free Fax: 1-866-277-3677

or

Box 669 • Iqaluit, NU X0A 0H0 • Telephone: (867) 979-8500 • Toll Free: 1-877-404-4407 • Fax: (867) 979-8531 • Toll Free Fax: 1-866-979-8501

www.wscc.nt.ca • www.wscc.nu.ca

Ce formulaire est disponible en français.
ᑕᒃᓇ ᑎᑎᖅᑐᒐᖅ ᐊᑐᐃᓐᓇᒋᑦᓴᖅ ᐃᓄᒃᑎᑐᑦ.
Taanna tatatirialik atuinnuinnauvuq Inuktitut.

CS011 0111