



# STATUTORY DECLARATION TO CONFIRM THE RELATIONSHIP TO EXTENDED FAMILY MEMBER

This declaration must be completed and signed by the former Afghan interpreter who immigrated to Canada under the 2009 and 2012 Public Policies who wishes to have their **extended family member** join them in Canada. The former interpreter must complete and sign this form by solemn declaration in the presence of a person who, by law, is authorized to receive a solemn declaration.

**NOTE:** The final decision on admission to Canada is made by the Canada Border Services Agency upon arrival and the foreign national must continue to meet all the usual eligibility and admissibility requirements in the *Immigration and Refugee Protection Act (IRPA)*.

## SECTION 1 - PERSONAL INFORMATION (FORMER AFGHAN INTERPRETER)

Family name (as shown on valid Canadian Government ID)		Given name(s) (as shown on valid Canadian Government ID)	
UCI	Place of birth	Date of birth (YYYY-MM-DD)	Citizenship
<b>RESIDENTIAL ADDRESS</b>			
P.O. Box	Apartment or Unit number	Street number	Street name
City		Province or Territory	Postal code
E-mail address			Telephone number

## SECTION 2 - PERSONAL INFORMATION (FOREIGN NATIONAL / EXTENDED FAMILY MEMBER)

Family name (as shown in your travel document)		Given name(s) (as shown in your travel document)	
UCI number (if applicable and known)	Place of birth	Country of Citizenship (as shown in travel document)	Date of birth (YYYY-MM-DD)
<b>Identity/Travel Document (if applicable)</b>			
<input type="checkbox"/> Passport	<input type="checkbox"/> Tazkera	<input type="checkbox"/> Permit to re-enter the U.S. (I-327)	
<input type="checkbox"/> U.S. Refugee travel document (I-571)	<input type="checkbox"/> Other refugee travel document for non-citizens	<input type="checkbox"/> Other	
Travel Document Number (if known)			

## SECTION 3 - DECLARATION

I can confirm that I have read and understood the contents of the form and I make this solemn declaration conscientiously believing it to be true and knowing that it is of the same force and effect as a declaration made under oath

I, \_\_\_\_\_ a former interpreter who immigrated to Canada under the 2009 or 2012 Public Policies solemnly declare that \_\_\_\_\_ is my **extended family member** as they are:

my child                       my grandchild                       my sibling (i.e.- brothers and /or sisters, including half-siblings)  
 my parent                       my grandparent

<b>Former Interpreter</b>		
TYPE NAME	Signature	Date (YYYY-MM-DD)

**SECTION 4 - DECLARATION OF CANADIAN AUTHORIZED OFFICIAL**

Family name		Given name	
<b>Occupation</b>			
<input type="checkbox"/> Commissioner for Oaths	<input type="checkbox"/> Justice of the peace	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Notary public <input type="checkbox"/> Consular officer of the Government of Canada
<b>BUSINESS ADDRESS</b>			
Apartment or Unit number		Street number	Street name
City		Province or Territory	Postal code
E-mail address			Telephone number
<b>DECLARATION - declared before me</b>			
Solemn declaration			
Signed at - City and Province/Territory		Signature	Date (YYYY-MM-DD)
(blank space for officiant seal)			

**SECTION 5 - PRIVACY NOTICE**

Personal information provided on this declaration is collected by Immigration, Refugees, and Citizenship Canada (IRCC) under the authority of the *Minimizing the Risk of Exposure to COVID-19 in Canada Order (Prohibition of Entry into Canada from the United States)* and *Minimizing the Risk of Exposure to COVID-19 in Canada Order (Prohibition of Entry into Canada from any Country other than the United States)* under the *Quarantine Act*, and will be used by IRCC and the Canada Border Services Agency (CBSA) to assess an extended family member's eligibility to be exempt from the travel restrictions for entry.

Your personal information is collected further to your obligation under subsection 15(1) of the *Quarantine Act* and may be used and/or disclosed to the following entities: other government institutions, as well as provincial, territorial, municipal governments or organizations as well as their institutions. In limited and specific circumstances, your personal information may be used and disclosed without your consent in accordance with subsection 8(2) of the *Privacy Act*.

Your rights under the *Privacy Act*. In addition to protecting your personal information, the *Privacy Act* gives you the right to request access to and request correction of your personal information. Further details are available in [Info Source](#). If you are not satisfied with the manner in which your personal information has been handled, you may exercise your right to file a complaint to the [Office of the Privacy Commissioner of Canada](#). The collection, use, disclosure and retention of your personal information is further described in IRCC's Personal Information Bank - IRCC PPU 013 and 068. For more information about these rights, or about our privacy practices, please contact the Public Health Agency Privacy Coordinator: [phac.privacy-vieprivee.aspc@canada.ca](mailto:phac.privacy-vieprivee.aspc@canada.ca).