

AFFIDAVIT

CANADA
YUKON TERRITORY

I, _____ of _____ in Yukon Territory
FIRST NAME LAST NAME CITY/TOWN

DO SOLEMNLY DECLARE:

I have been separated from _____ since _____
FIRST NAME LAST NAME YYYY/MM/DD

Signature

Date YYYY/MM/DD

Declared before me at _____

in the Province/Territory of _____

This _____ day of _____ A.D. 20____

Signature

NOTARY PUBLIC, JUSTICE OF PEACE, OR COMMISSIONER FOR OATHS

Mailing address:
Child Care Services, Health and Social Services (H-12)
Government of Yukon
Box 2703, Whitehorse, Yukon Y1A 2C6

Physical address:
Child Care Services
9010 Quartz Road
Whitehorse, Yukon

Phone/Email:
667-3492 or 1-800-661-0408 ext. 3492
childcare@gov.yk.ca