

**THE CIVIL SERVICE SUPERANNUATION BOARD
AFFIDAVIT**

Please complete the applicable section.

Section 1 should be completed if the date of birth is recorded in any Civil or Church registry. In that case, obtain a copy of the record certified by the registrar or other proper official.

Section 2 should be completed if no such record is in existence and there is no parent or elder brother or sister having knowledge of the facts who could make a declaration.

Section 3 should be completed if either parent or elder brother or sister, having knowledge of the facts, will be completing this form. State fully the circumstances upon which knowledge of date of birth is founded.

Section 1

I, _____ hereby declare that I am one and the same person as _____ whose details of birth are recorded on _____ number _____ issued in the Province of _____ on _____.

OR

Section 2

- I, _____, do hereby declare that
- I am unable to obtain a birth or baptismal certificate as proof of age, for the reason that _____, and
 - I have no older relative who could make a declaration as to my date of birth, and
 - When entering the employment of _____ on _____ I gave my date of birth as _____, and
 - To the best of my knowledge and belief, I was born _____ in _____.

OR

Section 3

- I, _____, do hereby declare that
- No Register's or other authentic certificate of birth can be obtained to prove the age of _____, who is a contributor, spouse or common-law partner of a contributor to the Civil Service Superannuation Fund and who is hereinafter called the contributor, spouse or common-law partner of a contributor, and
 - I am the _____ of the said contributor or spouse of contributor and that I know his/her age and history from _____, and
 - From my said means of knowledge, I know the contributor, spouse or common-law partner of contributor was born _____ in _____.

Name of Declarant

Signature of Declarant

Date

Name of Witness

Signature of Witness

Date