



PORT COLBORNE

Municipal Offices: 66 Charlotte Street
Port Colborne, Ontario L3K 3C8
www.portcolborne.ca

GENERAL AFFIDAVIT FORM

Please print clearly.

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 as follows:

(Signature of Declarant)

Sworn before me: _____
(Name of Commissioner)

At the _____ of _____ in the _____
(City, Town etc.) (Name of City, Town etc.) (County, Regional Municipality.)

of _____
(Name of County, Regional Municipality.)

This _____ day of _____, _____
(day) (month) (year)

Signature (Commissioner of Oaths)