



# PROOF OF LEGAL GUARDIAN

PENSIONS ADMINISTRATION DIVISION

Department of Finance, P.O. Box 8700, St. John's, NL, A1B 4J6

Fax (709) 729-6790

I, \_\_\_\_\_, of \_\_\_\_\_, in the province of Newfoundland and Labrador, make oath and say as follows:

**That** the late \_\_\_\_\_, of \_\_\_\_\_, in the province of Newfoundland and Labrador, died at that place on the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

**That** at the date of death \_\_\_\_\_ left surviving the following under the age of eighteen years:  
Plan Member

- 1. \_\_\_\_\_ born \_\_\_\_ Day \_\_\_\_ Month \_\_\_\_ Year
- 2. \_\_\_\_\_ born \_\_\_\_ Day \_\_\_\_ Month \_\_\_\_ Year
- 3. \_\_\_\_\_ born \_\_\_\_ Day \_\_\_\_ Month \_\_\_\_ Year

**That** the above referenced is/are living with me \_\_\_\_\_ at  
Name of Guardian

\_\_\_\_\_, \_\_\_\_\_ and that I am the  
Address Postal Code

Court Appointed Legal Guardian, looking after the needs of and caring for the said child (children).

**That** included herewith is/are the birth certificate(s) of the said child/children

**The person signing is the one who is authorized to administer an oath (Commissioner of Oaths, Notary Public, Justice if the Peace) and is required to show the nature of their authorization and the expiry date of that authorization where applicable.**

The personal information collected or provided as part of the application process will only be used for purposes relating to the operation of the relevant pension programs and for statistical reports. All information will be kept confidential and will not be disclosed to third parties without your consent unless required or authorized by law. If you have any questions or concerns please contact the Pensions Administration Division.