

**AFFIDAVIT CONFIRMING ADULT INTERDEPENDENT
PARTNER SURNAME**

I, _____ of _____

make oath and say:

I am the Adult Interdependent Partner of _____

who is the person named on the attached Affidavit Regarding A Name Change.

This Interdependent Relationship began on _____
(Give approximate date)

SWORN before me at _____
in the Province of _____
this ___ day of _____, _____



(Signature of Adult Interdependent Partner)

A Commissioner, etc. (or as the case may be)

Print Name and Expiry Date of Commission