



AFFIDAVIT

Canada)
Province of _____) S.S.
)

I, _____(Name), of _____(Address),
_____ (Province), MAKE OATH AND SAY THAT:

1. I _____state in truth that I have been diagnosed with the following medical/health condition(s) and that I am unable to find a practitioner that is willing to verify my medical condition(s). My medical/health condition(s) that I suffer from are

2. Please explain how these conditions affect your mental/physical health and well being and how

SWORN/AFFIRMED BEFORE ME,)
at _____,)
_____, on)
this ____ day of _____, 20____.) _____

) _____
) _____
) _____

A NOTARY PUBLIC IN AND FOR)

The Province of _____)

)

My Commission expires: _____

