



If you were living common-law, please give the date you began living together

Day Month Year

At the date of his/her death, were you living together? Yes No

If no, please give the date you stopped living together

Day Month Year

DEPENDENTS

At the date of my spouse's death, I was dependant on his/her income for support.

Yes No

At the date of my spouse's death, we had children by marriage, living with us, who were dependant on his/her income for support.

Yes No

If yes, please list the children below and send copies of their birth certificates with this form.

Table with 2 columns: Name, Birth Date

NOTE: If you have children between 18 and 21 years of age who are still in school, they are eligible for support. Please include photocopies of their birth certificates and confirmation of enrollment in an educational institution.

Did your spouse have any children from a previous relationship? Yes No

If these children are under 18 years of age or still attending school, please list them, their birth dates and whether they resided with you and your spouse or with someone else. (Please include photocopies of their birth certificates when you submit this form).

Table with 3 columns: Name, Birth Date, With Whom They Reside

Do you have any children from a previous relationship? Yes No

If these children are under 18 years of age or still attending school, please list them, their birth dates and whether they resided with you and your spouse or with someone else. (Please include photocopies of their birth certificates when you submit this form).

Table with 3 columns: Name, Birth Date, With Whom They Reside

I understand that it is an offence to knowingly submit incorrect information under the Yukon *Worker's Compensation Act*.

I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

DECLARED BEFORE ME )  
AT: \_\_\_\_\_ )  
\_\_\_\_\_ )  
This \_\_\_ day of \_\_\_\_\_ 20\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
A Notary Public for \_\_\_\_\_ )

\_\_\_\_\_  
Signature of Spouse of Deceased Worker

Notary Name Printed: \_\_\_\_\_

Address of Notary Public: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Extra space if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information is being collected under the authority of the *Workers' Compensation Act* for the purpose of determining eligibility for benefits. YWCHSB may obtain and disclose information from this claim to the employer, for the purpose of appeal, or may disclose such information to others in accordance with the law, including the *Workers' Compensation Act*.