



AFFIDAVIT FOR LOST PARCHMENT

Please print clearly

I, _____, of the city of _____

Given Name(s)

Family Name

City

of the province/region of _____, of the country of _____

Province/Region, if applicable

Country

solemnly declare that:

- 1. I do not have the parchment issued by Royal Roads University on _____ in my possession.
2. I will return the original parchment if it is ever returned to me or found by me.
3. I have signed this form in the presence of a Commissioner for Taking Affidavits or equivalent authority (see below).

Month and Year the parchment/diploma was issued

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

Signature of Declarant: _____ Date: _____

Note: Declarant must sign this form in the presence of a Commissioner for Taking Affidavits or equivalent authority

ACCEPTABLE AUTHORITIES FOR VALIDATING ABOVE SIGNATURE OF DECLARANT

Within Canada

- In BC: a person authorized by the Minister of Justice to act as a Commissioner for Taking Affidavits
In other Canadian provinces: a Commissioner for Taking Oaths
Court clerk and deputy clerk; lawyer; notary; mayor; clerk and secretary-treasurer in all municipalities, but only within the limits of his/her municipality; elected member of a provincial legislature, chief clerk or secretary general of a provincial legislative assembly; justice of the peace.

Outside of Canada

A Member of the Canadian Consulate or a person holding a position equivalent or comparable to one listed for validation within Canada (see above).

To be completed by Signing Authority:

Declared and signed before me at the city of _____, of the _____

City

Province/Region, if applicable

of the country of _____ on this _____, _____

Country

Month

Day

Year

Signature: _____

Name: _____ Please Print

Official Position (see above): _____ Please Print

Telephone number: _____



Please affix stamp/seal below.