



## 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.  
Month and Year the parchment/diploma was issued
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).

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.