COMMON EXPERIENCE PAYMENT

How to make sure your application is processed quickly

To avoid delays, please make sure to:

- include approved identity documents;
- list the full name, as well as all names the person you are applying for were known by at residential school(s);
- include your complete mailing address, including the postal code; and
- sign your application.

What you can do if you do not have one of the required documents:

- If you have any questions about the application form, please contact Crawford Class Action Services at 1-866-640-9992 for assistance. TTY users can use 1-877-627-7027. Both numbers are toll-free.
- If you do not complete your application in full, or if you forget to sign it, our processing of your application will be delayed.
- If more documentation is needed than what is asked for on the application form, you will be contacted directly by phone or mail.

Your application will be processed as quickly as possible, and you will be notified within 60 days of our making a decision. For information about the status of your application, please contact Crawford Class Action Services at 1-866-640-9992 (TTY users 1-877-627-7027). Both numbers are toll-free.



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APPLICATION FOR COMMON EXPERIENCE PAYMENT FOR ESTATE(S)

SECTION A:				
1. IDENTIFICATION Language Preference: English French				
First Name (Current)	Middle Name (if applicable)	Last Name(s)		
.,		SCHOOL(S) AND/OR TRADITIONAL NAME		
First Name(s)	ame at birth and common alternate spellings Middle Name (if applicable)	Last Name(s)		
Full names of mother, father and/or guardian(s)/caregiver(s) while you attended residential school (Guardian(s)/caregiver(s) may be traditional adoptive parents, extended family or members of your community). Providing this information is not required for eligibility but may help us in confirming your school experience.				
Mother (maiden/birth name)	First Name	– Last Name		
Father	First Name	Last Name		
Guardian/Caregiver(s) (if applicable	e) First Name	_ Last Name		
Relationship of guardian(s)/caregiver(s) to the former student (for example, aunt, grandmother, friend, etc.)				
2. DATE AND PLACE OF BIRTH	OF FORMER STUDENT PROVINCE / TERRITORY / STA	TE COUNTRY		
	_			





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YYYY / MM / DD PROVINCE / TERRITORY / STATE COUNTRY PROOF OF DEATH REQUIRED	3. DATE AND PLACE OF DEATH (For Estate applications only)					
Please submit a certified true copy of one of the following documents (check the applicable box): A Death Certificate issued by the Province, Territory or State A Certificate of Death from the director of a funeral home or an administrator of a hospital or clinic A letter from a physician, graduate nurse or member of the clergy certifying death based on official records maintained by the church, hospital or clinic Letters of Probate Formal Appointment of Administrator / Executor Provincial Letters of Administration Registration of Death Statement of Verification of Death from Department of Veterans Affairs The document must be on official letterhead or contain a seal and must contain the name and/or signature of the person or authority issuing the document. The document must contain the name of the decease and the date of death. 4. PLEASE INDICATE WHICH GROUP THE FORMER STUDENT BELONGED TO AT RESIDENTIAL SCHOOL Status Indian Non-Status Indian Intuit (Québec) Inuvialuit Non-Aboriginal The information you provide in this section is mandatory. This information will be provided to Crown-Indigenous Relations and Northern Affairs Canada to assist in processing your application in accordance with the Court approved principles. 5. PROOF OF IDENTITY REQUIRED Proof of identity for the former student is required. See Section C for information. Please check which document(s) you are submitting. Key Documents: Original Birth Certificate OR <td>YYYY/ MM / DD</td> <th>PROVINCE / TERRITORY / STATE</th> <td>COUNTRY</td>	YYYY/ MM / DD	PROVINCE / TERRITORY / STATE	COUNTRY			
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 A Death Certificate issued by the Province, Territory or State A Certificate of Death from the director of a funeral home or an administrator of a hospital or clinic A letter from a physician, graduate nurse or member of the clergy certifying death based on official records maintained by the church, hospital or clinic Letters of Probate Formal Appointment of Administrator / Executor Provincial Letters of Administration Registration of Death Statement of Verification of Death from Department of Veterans Affairs The document must be on official letterhead or contain a seal and must contain the name and/or signature of the person or authority issuing the document. The document must contain the name of the decease and the date of death. 4. PLEASE INDICATE WHICH GROUP THE FORMER STUDENT BELONGED TO AT RESIDENTIAL SCHOOL Status Indian Non-Status Indian Métis Inuit (Nunavut) Inuuit (Québec) Inuvialuit Non-Aboriginal The information you provide in this section is mandatory. This information will be provided to Crown-Indigenous Relations and Northerm Affairs Canada to assist in processing your application in accordance with the Court approved principles. 5. PROOF OF IDENTITY REQUIRED Proof of identity for the former student is required. See Section C for information. Please check which document(s) you are submitting. Key Documents: Original Birth Certificate OR Two of the following, one of which must have a photograph: Certificate of India Status Provincial/Territorial Driver's License Provincial/Territorial Health Card Canadia n Passport 	PROOF OF DEATH REQUIRED					
Status Indian Non-Status Indian Métis Inuit (Nunavut) Inuit (Québec) Inuvialuit Non-Aboriginal The information you provide in this section is mandatory. This information will be provided to Crown-Indigenous Relations and Northern Affairs Canada to assist in processing your application in accordance with the Court approved principles. 5. PROOF OF IDENTITY REQUIRED Proof of identity for the former student is required. See Section C for information. Please check which document(s) you are submitting. Key Documents: Original Birth Certificate <i>OR</i> Two of the following, one of which must have a photograph: Certificate of Indian Status Provincial/Territorial Driver's License Provincial/Territorial Health Card Canadian Passport	 A Death Certificate issued by the Province, Territory or State A Certificate of Death from the director of a funeral home or an administrator of a hospital or clinic A letter from a physician, graduate nurse or member of the clergy certifying death based on official records maintained by the church, hospital or clinic Letters of Probate Formal Appointment of Administrator / Executor Provincial Letters of Administration Registration of Death Statement of Verification of Death from Department of Veterans Affairs The document must be on official letterhead or contain a seal and must contain the name and/or signature of the person or authority issuing the document. The document must contain the name of the decease and the 					
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Please check which document(s) you are submitting. Key Documents: Original Birth Certificate OR Two of the following, one of which must have a photograph: Certificate of Indian Status Provincial/Territorial Driver's License Provincial/Territorial Health Card Canadian Passport	5. PROOF OF IDENTITY REQUIRE)				
 Original Birth Certificate OR Two of the following, one of which must have a photograph: Certificate of Indian Status Provincial/Territorial Driver's License Provincial/Territorial Health Card Canadian Passport 						





If the name on the appli	cation is different than	the key do	cuments please p	rovide an original or certified true
copy of one of the follow	ving:			
Marriage Certificate	/ Registration			
Divorce Decree				
Legal Change of Na	ame Document			
Adoption Papers				
6. INDIAN RESIDENTIA	AL SCHOOL(S) AT W	HICH THE	FORMER STUDE	ENT RESIDED
To the best of your mer	norv please indicate t	he dates fo	r when the former	r student resided and when the former
•				a period of time (not including vacation
				the former student returned and left.
- /		ideniec, pr		
SCHOOL #140 - Kivall	iq Hall			
From		То		
-				
	MM / YYYY		ΜΜ / ΥΥΥΥ	
From		τ.		
From		To		
	ΜΜ / ΥΥΥΥ		ΜΜ / ΥΥΥΥ	
From		Ta		
From _		То	ΜΜ / ΥΥΥΥ	
	ΜΜ / ΥΥΥΥ			
From _		То		
	ΜΜ / ΥΥΥΥ		ΜΜ / ΥΥΥΥ	
SECTION B: INFOR				
(Person applying on be	ehalf of the estate) P	lease see	Section C for ad	ditional information.
1. IDENTIFICATION				
Language Preference	e: 🗆 English	□Fr	ench	
First Name (Current)	Middle Name	e (if applica	able)	Last Name(s)
2. MAILING ADDRESS	(No. Streat Art D.D.		City/Tours/Correct	ounity.
2. MAILING ADDRESS	(NO., Street, Apt., R.R.,	P.U. BOX)		попиту





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Province/Territory/State	Country	Postal/Zip Code	Telephone number
3. PLEASE INDICATE RELATION IN SECTION C.	NSHIP TO THE FO	RMER STUDENT AN	D PROVIDE PROOF AS INDICATED
 On behalf of Estate: Executor Administrator Estate Trustee Trustee 			
Liquidator of the deceased			
Estate of the deceased former sti deceased, and I am the legal rep Payment.	udent, I am the only	y person entitled in law	e legal Personal Representative for the to administer the property of the said r and receiving the Common Experience
Signature			
4. PROOF OF IDENTITY REQUI			
Proof of identity for the former stu Please check which document(s)			nation.
Key Documents:			
Original Birth Certificate			
OR			
 Two of the following, one of which Certificate of Indian Status Provincial/Territorial Driver's I Provincial/Territorial Health C Canadian Passport Government of Nunavut or Y 	License		entification Card
If the name on the application is c copy of one of the following: Arriage Certificate / Registra Divorce Decree Legal Change of Name Docu Adoption Papers	ation	ey documents please p	provide an original or certified true





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SIGNATURE

My signature/mark indicates that the information I have provided in this application is true and accurate to the best of my knowledge. I acknowledge that knowingly making a false or fraudulent application could result in criminal prosecution. I understand that every application is subject to verification.

Applicant's Signature

YYYY / MM / DD

I understand that the information requested in this application is required for the administration of the Common Experience Payment and that the information will be provided to Crown-Indigenous Relations & Northern Affairs Canada in order to determine the former student's eligibility. I understand that personal information is protected under the *Privacy Act* and the *Department of Employment and Social Development Act* (DESDA). I have the right to request access to the personal information of the former student pursuant to the *Privacy Act*, and I am aware that the information may be used or disclosed within the conditions set out in the *Privacy Act*, DESDA and outlined in the Personal Information Bank (ESDC PPU 100).

If the applicant signed with a mark (for example "X"), the mark must be made in the presence of a witness. A witness may be a relative. The witness must provide the following information:

Witness' first name, initial and last name:

Relationship to the applicant:

Address of Witness (No., Street, Apt., R.R., P.O. Box)		City/Town/Community	
Province/Territory/State	Country	Postal/Zip Code	Telephone number

If the applicant signed with a mark, the witness must also sign the following declaration:

I have read the contents of this application to the applicant who understands and confirms the complete contents and who made his or her mark in my presence.

Signature of Witness

YYYY / MM / DD





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NO NEED TO RETURN PAGES 6-8 WITH APPLICATION

SECTION C:

DOCUMENT REQUIREMENTS (for Applicants applying on behalf of a deceased former student)

I. IDENTITY DOCUMENTS

Please Note: Identity documents must be submitted to substantiate the identity of both the former student and the legal Personal Representative applying on their behalf.

1. You must submit the original birth certificate with the application form. It will be returned to you

once identities have been verified.

OR

2. If you do not have the original birth certificate, you may provide two (2) of the following documents for both the deceased and the estate representative, one of which must have a photograph:

- Certificate of Indian Status (issued by Crown-Indigenous Relations & Northern Affairs)
- Provincial / Territorial Driver's Licence
- Provincial / Territorial Health Card
- Canadian Passport
- Government of Nunavut or Yukon or Northwest Territories General Identification Card

3. If you choose to mail the former student's application and the original birth certificate is not available, you must submit certified true copies of at least two (2) of the documents listed in number 2. The original documents must be presented to an individual who will certify that the copies pertain to the former student's identity and to the personal representative's identity. This individual must be a Canadian citizen residing in Canada and must be available to Service Canada for verification. *Please note that you cannot certify a copy of your own documents.*

On the copy of the identity document that **does not feature a photo**; the person certifying the document must include the statement "*I certify this to be a true copy of the original*". On the copy of the identity document that **features a photo**; the person certifying the document must include the statement "*I certify that this is a true copy of the original and that the image is a true likeness of the applicant. I am a Canadian citizen.*" On all copies of identity documents, they will also include their printed name, position, signature, contact information and the date they certified the document.

The following can certify the documents:

- Chief or Councillor of First Nations Band Council
- Council of the Métis Settlements General Council and Members of the Saskatchewan Provincial Métis Council
- Dentist
- Executive Officer of Nunavut Tunngavik Inc
- Executive Officer of Inuvialuit Regional Corporation and of the six (6) Inuvialuit Community Corporations (Northwest Territories)
- Executive Officer of Makivik (Northern Québec)
- Judge
- Lawyer (member of a provincial bar association)
- Notary (in Québec)
- Magistrate
- Mayor
- Medical doctor





- Minister of religion authorized under provincial law to perform marriages
- Notary public
- Officer of the Kivalliq Inuit Association
- Optometrist
- Pharmacist
- Police officer (municipal, provincial or RCMP)
- Postmaster
- Principal of a primary or secondary school
- Professional accountant (APA, CA, CGA, CMA, PA, RPA)
- Professional engineer (P.Eng., Eng. in Québec)
- Senior administrator in a community college (includes CEGEPs)
- Senior administrator or teacher in a university
- Social worker with MSW (Masters in Social Work)
- Veterinarian

PLEASE NOTE:

Should the name on the identity documents differ from current name, proof must be submitted to support the discrepancy. Original or certified true copies of the following may be submitted:

- Marriage Certificate or Marriage Registration
- Divorce Decree
- Legal Change of Name Document
- Adoption Papers

II. PROOF OF LEGAL AUTHORITY TO ACT ON BEHALF OF A FORMER STUDENT

To apply for the Common Experience Payment on behalf of a former student, you must be a legally recognized representative of that person. Please provide a copy of the legal documentation that allows you to represent the former student (for example, Power of Attorney). The legal document should clearly state, in detail, what powers the representative has and how they are to be executed.

III. PROOF OF DEATH

To apply for the Common Experience Payment on behalf of a former student who is deceased, you must provide a document containing the name of the deceased and the date of death. A certified true copy of one of the following documents are acceptable:

- A death certificate issued by the Province, Territory or State
- A certificate of death from the director of a funeral home or an administrator of a hospital or clinic
- A letter from a physician, graduate nurse or member of the clergy certifying death based on official records maintained by the church, hospital or clinic
- Letters of Probate
- Registration of Death
- Statement of Verification of Death from Department of Veterans Affairs
- Formal Appointment of Administrator/Executor
- Provincial Letters of Administrators





IV. SUBMITTING YOUR APPLICATION

You may submit your application by mail or in person at Service Canada Centre locations. If you are applying by mail, please submit your application to:

CEP Processing Centre PO BOX 8232, Station T Ottawa, Ontario K1G 3H7

Please do not provide any additional documents other than what is requested on the application form. We will contact you directly by phone or by mail if we need further information. Please ensure that you have completed all the information and have signed your application. Service Canada operates within the Department of Employment and Social Development. To find a Service Canada Centre near you go to www.servicecanada.gc.ca or call 1-800-O-Canada (1-800-622- 6232).

