## **ONTARIO**

	Court File Number
(Name of court)	
at	Form 26B: Affidav
Court office address	dated
fo	r Filing Domestic Contract with Cou
Recipient(s)	
, , , , , , , , , , , , , , , , , , , ,	ddress — street & number, municipality, post numbers and e-mail address (if any).
Payor	
Full legal name & address for service — street & number, municipality, Lawyer's name & a	ddress — street & number, municipality, post numbers and e-mail address (if any).
My name is (full legal name)	
My name is (full legal name)  I live in (municipality & province)  and I swear/affirm that the following is true:	
live in (municipality & province) and I swear/affirm that the following is true:	
live in (municipality & province)  and I swear/affirm that the following is true:  I. I attach a copy of a marriage contract cohab	itation agreement
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and I swear/affirm that the following is true:  1. I attach a copy of a marriage contract cohab separation agreement patern for filing with the court so that its support provisions can be enforced or chap and the contract/agreement includes the following provisions relating to child so	itation agreement ity agreement nged as if they were a court order. support:
And I swear/affirm that the following is true:  1. I attach a copy of a marriage contract cohab separation agreement patern for filing with the court so that its support provisions can be enforced or chat a. The contract/agreement includes the following provisions relating to child a.)  (Name of party)	itation agreement ity agreement nged as if they were a court order. support:
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Court File Number

**3.** The **contract/agreement** has not been set aside or disregarded by a court nor has it been changed by agreement of the parties.

Sworn/Affirmed before me at			
		municipality	
in			
province, state, or country			
on			Signature (This form is to be signed in front of a lawyer, justice of the peace, notary public or commissioner for taking affidavits.)
	date	Commissioner for taking affidavits (Type or print name below if signature is illegible.)	

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