

Statutory Declaration Justification for Replacement Diploma

I, _____

of the City of _____ in the Province of _____

do solemnly declare

1. That my true and legal name is shown above.
2. That my name on the Canadian Memorial Chiropractic College records was as shown above or was

3. That I am unable to return the diploma originally issued to me by the Canadian Memorial Chiropractic College because it has been lost, damaged or destroyed.
4. That I make this declaration for the purpose of identifying myself to the Canadian Memorial Chiropractic College and to qualify for the issuance of a replacement diploma certifying my status as having graduated with the designation of:

_____ Year _____

Declared before me at the City of _____

in the Province of _____

this _____ day of _____, 20 _____

Signature of Notary

Signature of Declarant

AFFIX OFFICIAL STAMP