

DECLARATION

I, _____, male female, born in _____ (city/county),
_____ (province), _____ (country) on _____ (dd/mm/yyyy),
have not married to anyone following the death of my spouse on _____
(dd/mm/yyyy) up to the date of this declaration.

I declare that the above statement is true. I accept legal responsibility for
any inaccuracies or falsehoods.

Declarant: _____ (signature)

Date: _____ (dd/mm/yyyy)