



**ADDITIONAL SURVIVING OWNERS  
for  
Transfer to Surviving Joint Owners  
Transfer to Surviving Co-Owners**

T-6 Version 2009-11-15

<b>For office use only</b>	<b>DECEASED</b>	<b>Client No.</b>	<b>File No:</b>
<b>For office use only</b>	<b>SURVIVING OWNERS</b>	<b>Client No.</b>	<b>File No:</b>

(please print clearly)

	<b>Surviving Brand Owner</b>	<b>Surviving Brand Owner</b>
Name		
Address		
MD/Town/City		
Province		
Postal Code		
Phone Number		
Fax Number		
E-mail Address		

**I / WE DO SOLEMNLY DECLARE THAT:**

1. I am (We are) the additional surviving owner(s) of the following brand:

<b>Brand Design</b>	<b>Location</b>	<b>Type</b>
		<input type="checkbox"/> Cattle <input type="checkbox"/> Horse

2. I (We) have been provided with a copy of the (check off applicable form below)

*Transfer to Surviving Joint Owner(s)*

*Transfer to Surviving Co-Owners(s)*

I (We) have read over the above noted form and agree with its contents.

I, \_\_\_\_\_ MAKE THIS SOLEMN DECLARATION  
CONSCIENTIOUSLY BELIEVING IT TO BE TRUE AND KNOWNING THAT IT IS OF THE SAME FORCE  
AND EFFECT AS IT MADE UNDER OATH

DECLARED BEFORE me at \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
A Commission for Oaths in and for the Province of Alberta  
or a Notary Public in and for the Prov/State of \_\_\_\_\_

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature of

Date appointment expires:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town – Prov/State – Postal/Zip Code

Phone: \_\_\_\_\_

I, \_\_\_\_\_ MAKE THIS SOLEMN DECLARATION  
CONSCIENTIOUSLY BELIEVING IT TO BE TRUE AND KNOWNING THAT IT IS OF THE SAME FORCE  
AND EFFECT AS IT MADE UNDER OATH

DECLARED BEFORE me at \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
A Commission for Oaths in and for the Province of Alberta  
or a Notary Public in and for the Prov/State of \_\_\_\_\_

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature of

Date appointment expires:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town – Prov/State – Postal/Zip Code

Phone: \_\_\_\_\_

This information is being collected for the purposes of brand registry records in accordance with the *Livestock Identification and Commence Act* and the *Freedom of Information and Protection of Privacy Act*. Questions about the collection of this information can be directed to the Privacy Coordinator for the brand registry at LIS at 109, 264 Midpark Way SE Calgary Alberta, T2X 1J6. Phone (403) 509-2088 or (866) 509-2088

**CERTIFICATE OF VERIFICATION OF IDENTITY OF SURVIVING OWNER**

I, \_\_\_\_\_ of the Town/City of \_\_\_\_\_  
in the Province/State of \_\_\_\_\_, HEREBY CERTIFY THAT:

1. I met \_\_\_\_\_ on \_\_\_\_\_, 20\_\_ and  
verified his/her identity by examining his/her \_\_\_\_\_ (identity document)  
issued by \_\_\_\_\_ on \_\_\_\_\_, 20\_\_  
as number \_\_\_\_\_.
2. The photograph on the identity document was a true likeness of the person named in paragraph 1 and  
confirmed that he/she is at least 18 years of age.

SIGNED by me at \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
A Commission for Oaths in and for the Province of Alberta  
or a Notary Public in and for the Prov/State of \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print name

\_\_\_\_\_  
City/Town – Prov/State – Postal/Zip Code

\_\_\_\_\_  
Date appointment expires:

\_\_\_\_\_  
Phone:

**CERTIFICATE OF VERIFICATION OF IDENTITY OF SURVIVING OWNER**

I, \_\_\_\_\_ of the Town/City of \_\_\_\_\_  
in the Province/State of \_\_\_\_\_, HEREBY CERTIFY THAT:

1. I met \_\_\_\_\_ on \_\_\_\_\_, 20\_\_ and  
verified his/her identity by examining his/her \_\_\_\_\_ (identity document)  
issued by \_\_\_\_\_ on \_\_\_\_\_, 20\_\_  
as number \_\_\_\_\_.
2. The photograph on the identity document was a true likeness of the person named in paragraph 1 and  
confirmed that he/she is at least 18 years of age.

SIGNED by me at \_\_\_\_\_, \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_  
A Commission for Oaths in and for the Province of Alberta  
or a Notary Public in and for the Prov/State of \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
Print name

\_\_\_\_\_  
City/Town – Prov/State – Postal/Zip Code

\_\_\_\_\_  
Date appointment expires:

\_\_\_\_\_  
Phone:

## **INFORMATION AND INSTRUCTIONS FOR COMPLETING THE CERTIFICATE OF VERIFICATION OF IDENTITY**

### **Information**

The person registered with the Brand Registry as the owner of the brand has the exclusive right to use the brand for the purposes of denoting ownership of the livestock or a livestock security interest in the livestock, as the case may be, until the registration of the brand is cancelled or transferred.

Identification is required to ensure that documentation affecting the rights of a registered brand owner is completed by the proper person to protect the registered brand owner.

Livestock Identification Services Ltd. (LIS) is subject to the *Freedom of Information and Protection of Privacy Act* and the collection, use, disclosure, retention and destruction of personal information by LIS are done in compliance with this Act.

### **Acceptable identity documents**

Acceptable personal identification documents must

- include a photograph
- be government issued
- be original, not a copy of the document
- indicate a unique identifier
- be valid (current) – not expired.

Acceptable forms of personal identification documents include

- a driver's license
- an identification card
- passport
- citizenship card
- Permanent Resident card
- Certificate of Indian Status card

Note: If a brand owner does not have one of the listed identity documents please contact LIS and an alternate form will be provided.

### **Instructions to Commissioner for Oaths or Notary Public**

To complete the Certificate of Verification of Identity do the following:

- Print your full name, town or city and province or state in the initial paragraph.
- Print the name of the person in paragraph 1 and the date the person appeared before you to complete this form.
- Request the original identity document from the person and compare the information on the identity document to the information on the form and to the person appearing before you.
- If the information and photograph match the information on the form and the person appearing before you, complete paragraph 2 by printing the name of the government entity that issued the identity document, the date the identity document was issued, the number of the identity document, the date it expires and the name of the person appearing before you.
- Print the day, month and year the Certificate is signed.
- Sign your name on the line provided and strike out which of the two capacities does not apply to you.
- Print your name on the line provided
- Print your phone number and full address on the lines provided.