

AFFIDAVIT

I, WUWEN GUO, translator in the City of Toronto, Province of Ontario, make oath and say:

1. I am fluent in both Chinese and English.
2. I have translated the annexed document and carefully compared the translation from Chinese into English with regard to the following document:

Medical Certificate of Birth

3. The said translation is, to the best of my knowledge and ability, the complete and correct translation of said document.

SWORN before me at the City of Toronto
In the Regional Municipality of Metropolitan
Toronto

This 5th day of Nov., 2024

A Notary Public in and for
Province of Ontario



WUWEN GUO

JOSEPH

Medical Certificate Of Birth

Neonatal Name: _____ Gender: _____ Time of Birth: _____
Gestational Age _____ Birth _____ Birth Length: _____
Birth Place: _____

Mother: _____ Nationality: _____ Ethnicity: _____ Address: _____
C _____ Han _____

Valid Identification: Identity Card ☒ Passport ☐ Others _____ Valid Identification No.: _____
/ _____

Father's Name: _____ Nationality: P.R. _____ Ethnicity: _____ Address: _____
China _____ Han _____

Valid Identification: Identity Card ☒ Passport ☐ Others _____ Valid Identification No.: _____
/ _____

Issued Authority (Stamp): Chi _____

Date Issued: _____

Seal: Se _____

No. _____

出生医学证明

MEDICAL CERTIFICATE OF BIRTH

新生儿姓名 Neonatal Name 性别 Gender 出生时间 Time of Birth 年 Year 月 Month 日 Day 时 Hour 分 Minute

出生孕周 Gestational Age 周 Week 出生体重 Birth Weight 克 g 出生身长 Birth Length 厘米 cm

出生地点 Birth Place 省 Province 市 City 县(区) County 医疗机构名称 Medical Institutions

母亲姓名 Mother's Name 年龄 Age 国籍 Nationality 中国 民族 Ethnic Group 汉族 住址 Address

有效身份证件类别 Valid Identification 居民身份证 Identity Card 护照 Passport 其他 Others 有效身份证件号码 Valid Identification No.

父亲姓名 Father's Name 年龄 Age 国籍 Nationality 中国 民族 Ethnic Group 汉族 住址 Address

有效身份证件类别 Valid Identification 居民身份证 Identity Card 护照 Passport 其他 Others 有效身份证件号码 Valid Identification No.

签发机构(盖专用章) Issued Authority (Stamp)

签发日期 Date Issued 年 Year 月 Month 日 Day

编号 No.

I certify that this is a true copy
of the original document

Date: 5th day of Nov, 2024

[Signature]

STATUTORY DECLARATION FOR TRANSLATORS
DOCUMENTS TRANSLATED FOR A CANADIAN TRAVEL DOCUMENT APPLICATION

Note: Certified professional, non-certified professional and third party translators cannot be a relative of the applicant and cannot translate their own documents.

This form must be completed by all translators to attest to their skills and the accuracy of the translated document(s) for a Canadian travel document application.

Instructions for certified professional translators and non-certified professional translators: complete sections A and C.

Certified professional translator: a member in good standing of a professional translation organization in Canada or abroad with certification confirmed by a seal or stamp.

Non-certified professional translator: a member or employee in good standing of an official organization (e.g. translation organization, government institution, or private agency, etc.). This individual must have formal education and training and be employed as a trained translator. Non-certified professional translators do not have a stamp or seal.

Instructions for third party translators: complete section B. Complete and sign section C in the presence of an official, a person who, by law, is authorized to administer an oath or a solemn declaration. Section D is to be completed and signed by the same official.

Third party translator: an individual that does not perform translation as part of their profession but has the necessary language skills and knowledge to translate documents. Third party translators cannot translate court documents and legally binding agreements.

Type or print in CAPITAL LETTERS using black or dark blue ink.

SECTION A - FOR CERTIFIED PROFESSIONAL/NON-CERTIFIED PROFESSIONAL TRANSLATOR USE ONLY				
CONTACT INFORMATION				
Surname (last name)		Given name(s)		
Name of Organization you belong to or work for				
Contact information of Organization you belong to or work for (Phone number, email address, website)				
Business Address of Organization you belong to or work for				
Number	Street	Suite	City	Province/Territory/State Country Postal/ZIP code
Your professional contact information (Phone number, email address, website): *If different than that of your organization				
Your Business address *If different than that of your organization				
Number	Street	Suite	City	Province/Territory/State Country Postal/ZIP code
Membership details (Translation organization and membership number if available)				
SECTION B – FOR THIRD PARTY TRANSLATOR USE ONLY				
CONTACT INFORMATION				
Surname (last name)		Given name(s)		Phone number
Address				
		North York	On	Canada
		Apt City	Province/Territory/State	Country Postal/ZIP code

SECTION C – FOR USE BY ALL TRANSLATORS**Note: Third party translators must complete this section in the presence of an official.****DECLARATION OF TRANSLATOR**

I _____ (Name) have produced a translation of the following document(s) and I certify that the translation is a true, accurate and complete version of the original text and that I am not a relative of the applicant.

Complete the table below with the document(s) being translated to accompany a Canadian travel document application.

Name of original document being translated	Date of original document being translated (YYYY-MM-DD)	Language of:		Date document was translated (YYYY-MM-DD)	Name of the bearer of the translated documents
		Original document	Translated document		
1. Medical Certificate of Birth		Chinese	English	2024-11-05	
2.					
3.					
4.					
5.					

I am attesting that I am a _____ third party _____ translator, fluent in _____ Chinese _____ and _____ English _____ and I declare that the above information is, in all respects, true and accurate.
language 1 language 2

Signature of translator	Date (YYYY-MM-DD)	Signed at	Province	Canada
	2024-11-05	Toronto		
		City	Province/Territory/State	Country

SECTION D – FOR THIRD PARTY TRANSLATOR USE ONLY**DECLARATION OF OFFICIAL**

Occupation	<input type="checkbox"/> Commissioner for oaths	<input type="checkbox"/> Lawyer	<input checked="" type="checkbox"/> Notary public	<input type="checkbox"/> Consular staff with delegated signing authority
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Daytime telephone number	Evening telephone number	Cell number or email address (optional)

Business address	Ontario	Canada	
Number Street	Province/Territory/State (if applicable)	Country	Postal/ZIP code

DECLARATION — Made in my presence ☒ Under oath \ ☐ Solemn declaration

Signature of official	Date (YYYY-MM-DD)	Signed at	Ontario
	2024-11-05	North York	Province/Territory/State (if applicable)
		City	