



LIFESAVING SOCIETY®
The Lifeguarding Experts

IDENTITY VERIFICATION ATTESTATION FORM

I, _____, hereby attest that I know
_____, who is seeking to verify
their identity and does not possess government-issued identification containing a photo. I confirm that they
are the candidate present, and I have known them for _____ years (min. 2 years).

I am the candidate's:

Parent or Legal Guardian

Friend or Family member (18 years of age or older)

Signature: _____

Date: _____

Telephone #: _____

Email: _____

TYPE OF IDENTIFICATION PRESENTED

(to be completed by the instructor, examiner, or trainer)

Candidate: Birth Certificate

Non-Photo Health Card

Attester: Driver's License

Canadian Citizenship Card

Health Card

Certificate of Indian Status

Passport

Ontario Photo Card

Permanent Resident Card

I certify that I have reviewed and verified the above identification documents, and that they match the individuals presenting them.

Name: _____

Member ID: _____

Signature: _____

Date: _____

Course: _____

FOR OFFICE USE ONLY

(to be completed by a Senior Officer or Designate)

Approved By : _____

Signature: _____

Date: _____

Batch #: _____