

Dossier :
 Nom, Prénom :
 Date de naissance : aaaa-mm-jj F M
 NAM : Exp. aaaa-mm
 Nom, Prénom de la mère :

Facility: _____

**AUTHORIZATION TO COMMUNICATE INFORMATION –
RECORD OF DECEASED USER**

IMPORTANT: ENTER THE DECEASED USER'S INFORMATION IN THE UPPER RIGHT CORNER OF THE FORM.

I, the undersigned,

(Requester's name and address)

In my capacity as:

Heir, legatee by particular title or legal representative¹

Explain in detail the right you wish to exercise / why and in what capacity you are seeking access. *Use the space on the reverse.*
If applicable, attach proof of the steps you are taking (legal proceedings or contesting the will).

Documents required based on the capacity in which you are applying:

- Death certificate if the user died at another institution;
- Document proving the requester's capacity: user's will, life insurance policy, etc;
 - If holographic will or will made before two witnesses: proof of homologation of the will;
 - If no will: birth certificate / marriage certificate / proof of common-law relationship (e.g., income tax return);
- Will search certificate issued by the Chambre des notaires and the Barreau du Québec.

Spouse, ancestor or descendant¹ (access to the cause of death only)

Documents required depending on the case:

- Death certificate if the user died at another institution;
- Proof of relationship² with the user: birth certificate;
- Marriage certificate, act of civil union, or proof of common-law relationship (e.g., income tax return).

Person related by blood¹

Genetic or hereditary disease under investigation:

Documents required depending on the case:

- Death certificate if the user died at another institution;
- Proof of relationship² with the user: birth certificate.

Authorize the institution/facility: _____

To send to: _____ or Same as above
(Name and address)

The following information: _____

Regarding the care or services received during the following period: _____

Requester's signature

Date

¹ In accordance with Section 23 of the Act respecting health services and social services

² Relationship of the child to the father, mother

