

Facility: ____



	Dossier:					
	Nom, Prénom :					
	Date de naissance :			□F □M		
		aaaa-mm-jj				
	NAM:		Ехр.			
	Nom, Prénom de la mère	e:		aaaa-mm		
RIGHT CORNER OF THE FORM.						
me and address) capacity you are seeking access. <i>Use the space on the reverse</i> . edings or contesting the will). ing:						
fe insurance policy, etc.; esses: proof of homologation of the will; / proof of common-law relationship (e.g., income tax return); es and the Barreau du Québec.						
f death ¹						
on-law relationship (e.g., income tax return).						

AUTHORIZATION TO COMMUNICATE INFORMATION - RECORD OF DECEASED USER

IMPORTANT: ENTER THE DECEASED USER'S INFORMATION IN THE UPPER

I, the undersigned,_____ 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 of If applicable, attach proof of the steps you are taking (legal proceed)

Documents required based on the capacity in which you are apply

- Death certificate if the user died at another institution;
- Document proving the requester's capacity: user's will, li
 - If holographic will or will made before two witne
 - o If no will: birth certificate / marriage certificate
- Will search certificate issued by the Chambre des notaire

Spouse, ascendant or descendant to obtain the cause of

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 commo

Spouse or close relative for the bereavement process³

Explain how the requested information is likely to help you in your bereavement process. Use the space on the reverse.

The request will be approved only if the deceased did not state their opposition.

Documents required depending on the case:

- Document establishing a family relationship with the deceased. (e.g., birth or marriage certificate)
- Where applicable, a description of the circumstances that enables us to understand your emotional ties with the deceased.

Person related by	y blood ¹
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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.

¹ According to the Act respecting health services and social services

² Relationship of the child to the father, mother

 $^{^3}$ According to the Act respecting Access to documents held by public bodies and the Protection of personal information

Nom	:	Prénom :	#Dossier :
Auth	orize the institution/facility: _		
To se	nd to:		or □Same as above
		(Name and address)	
The f	ollowing information:		-
Rega	rding the care or services rece	eived during the following period:	
	Downstants si		- Date
	Requester's si	;nature	Date
		you wish to exercise / why and in what capacity y d information is likely to help you in your bereave	=
			-
ACT F	RESPECTING HEALTH SERVICE	S AND SOCIAL SERVICES (ARHSSS)	
23. Tinford	he heirs, legatees by particula mation contained in his recor	ar title and legal representatives of a deceased used to the extent that such communication is neces person entitled to the payment of a benefit under	sary for the exercise of their rights in such
	•	descendants of a deceased user are entitled to be unless the deceased user entered in writing in his	
	nined in his record to the exte	raph, persons related by blood to a deceased use ent that such communication is necessary to verify	· · · · · · · · · · · · · · · · · · ·
ACT F	RESPECTING ACCESS TO DOCL	IMENTS HELD BY PUBLIC BODIES AND THE PROTE	CTION OF PERSONAL INFORMATION
		personal information that it holds concerning a deep of the information could help the applicant in the	· · · · · · · · · · · · · · · · · · ·

did not record in writing his refusal to grant such a right of access.