



You may file this application to carry out a death verification for a person for whom an identity disclosure application was submitted more than 12 months ago.

## Statut

I am filing my application as:

An adoptee

An adoptable person who has not been adopted

A first-degree descendant of a deceased adoptee, aged 14 and over

A parent of origin

## A. Information on the identity of the person who is completing the form

<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname	First name	Date of birth (year/month/day)
Sex	<input type="text"/>	
Female	Health insurance number (if applicable)	
Male		
Other		

## Current full address

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number	Street	Apartment	City
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Province	Postal code	Country	

## Telephone and email

<input type="text"/>	<input type="text"/>
Home telephone	Work telephone
<input type="text"/>	<input type="text"/>
Cell phone	Email

## B. Application

Please complete the section that corresponds to your status. If you are:

- An adoptee or an adoptable person who has not been adopted, complete section 1;
- A first-degree descendant of a deceased adoptee, aged 14 and over, complete section 2;
- A parent of origin, complete section 3.

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## Section 1 — Application by an adoptee or an adoptable person who has not been adopted

### **IMPORTANT**

If you are under 14 years of age, you must attach the authorization of each of your adoptive parents or your guardian to the application (Appendix 1).

#### **Purpose of the application**

For each of the following statements, answer yes or no by checking the appropriate box.

		Yes	No
1.	I wish to carry out a death verification concerning my mother of origin.	<input type="checkbox"/>	<input type="checkbox"/>
2.	I wish to carry out a death verification concerning my father of origin.	<input type="checkbox"/>	<input type="checkbox"/>

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## Section 2 — Application by a first-degree descendant of a deceased adoptee, aged 14 and over

#### **Purpose of the application**

For each of the following statements, answer yes or no by checking the appropriate box.

		Yes	No
1.	I wish to carry out a death verification concerning my parent's mother of origin.	<input type="checkbox"/>	<input type="checkbox"/>
2.	I wish to carry out a death verification concerning my parent's father of origin.	<input type="checkbox"/>	<input type="checkbox"/>

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## Section 3 — Application by a parent of origin

#### **Purpose of the application**

Answer yes or no by checking the appropriate box.

		Yes	No
1.	I wish to carry out a death verification concerning my child who was placed for adoption.	<input type="checkbox"/>	<input type="checkbox"/>

Indicate the child's surname and first name and date of birth (if known).

<input type="text"/>	<input type="text"/>	<input type="text"/>
Surname(s)	First name(s)	Date of birth (year/month/day)

## C. Identity documents and signature

### Identity documents

If you are an adoptee, an adoptable person who has not been adopted or a parent of origin, please attach to the form a **photocopy of two (2) official identity documents\*** including at least one with your photo and your signature.

If you are a first-degree descendant of a deceased adoptee, aged 14 and over, please attach to the form:

- A **photocopy of two (2) official identity documents\*** including at least one with your photo and your signature;
- Proof of a bond of filiation with the adoptee (birth certificate);
- Proof of the adoptee's death (obituary, death certificate).

If you are an adoptee under 14 years of age, please attach to the form:

- the authorization of your adoptive parents or your guardian (Appendix 1), if applicable, along with **two (2) official identity documents\*** for each, including at least one with a photo and their signatures;
- a copy of **two (2) official identity documents\*** including at least one with your photo and your signature (if available).

\* Official identity documents accepted:ées :

- Health insurance card;
- Driver's licence;
- Birth certificate;
- Passport;
- Canadian citizenship card.

**You may also attach a copy of any documents you consider useful for the processing of your application.**

By signing, you certify that your signature is genuine and conforms with the signature on a copy of the official identification provided. Failing this, your application will not be processed.

In witness whereof, I have signed in \_\_\_\_\_, on the \_\_\_\_\_

City

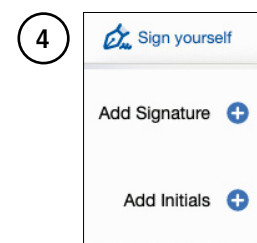
Date (year/month/day)

\_\_\_\_\_  
Signature

## Instructions for adding an electronic signature to the PDF document

Download link for adobe acrobat reader (Free version): <https://get.adobe.com/fr/reader/>

1. Open the PDF document or form to the page where you want to insert your signature.
2. Click on the **Tools** tab.
3. Click on the **Fill & Sign** icon.
4. In the toolbar, click on **Sign yourself**.
5. Select **Add Signature** from the drop-down menu. A pop-up box will open. Select the "Draw" option to draw your signature with the computer mouse.
6. Click on **Apply**.
7. Click on **Sign yourself** again in the toolbar.
8. Select your signature and scroll with the cursor to drop it in the desired area.



If the application concerns an international or intergovernmental adoption , the duly completed form must be sent by mail, by email or delivered in person to the Direction de la recherche des origines et des retrouvailles internationales et intergouvernementales of the Secrétariat aux services internationaux à l'enfant.

Direction de la recherche des origines et des retrouvailles internationales et intergouvernementales	
<b>Address:</b>	Secrétariat aux services internationaux à l'enfant Direction de la recherche des origines et des retrouvailles internationales et intergouvernementales 201, boul. Crémazie Est, bureau 1.01 Montréal (Québec) H2M 1L2
<b>Telephone:</b>	514 492-0467
<b>Toll free number:</b>	1 833 453-0521
<b>Fax:</b>	514 873-1709
<b>Email:</b>	<a href="mailto:rasri@msss.gouv.qc.ca">rasri@msss.gouv.qc.ca</a>

If the application concerns a national adoption, the duly completed form must be sent by mail, by email or delivered in person to the service relating to research into family and medical background and reunions of the Integrated Health and Social Services Centre (CISSS) and the Integrated University Health and Social Services Centre (CIUSSS) of the region or territory where the adoption judgment was pronounced.

If you do not know which CISSS or CIUSSS to contact, the duly completed form can be sent by mail, by email or delivered in person to the CISSS or CIUSSS in your region.

CISSS or CIUSSS Contact Information	
<b>Bas-Saint-Laurent: CISSS du Bas-Saint-Laurent</b>	<b>Saguenay-Lac-Saint-Jean: CIUSSS du Saguenay-Lac-Saint-Jean</b>
<b>Address:</b> 287, rue Pierre-Saindon, 3 <sup>e</sup> étage Postal Box 3500, Rimouski (Québec) G5L 8V5  <b>Telephone:</b> 418 721-2508  <b>Toll free number:</b> 1 833 721-2508  <b>Fax:</b> 418 722-0620  <b>Email:</b> <a href="mailto:atcd.retrouvailles.dpj-pje.cisssbsl@sss.gouv.qc.ca">atcd.retrouvailles.dpj-pje.cisssbsl@sss.gouv.qc.ca</a>	<b>Address:</b> 1109, rue Bégin Pavillon Don Bosco Chicoutimi (Québec) G7H 4P1  <b>Telephone:</b> 418 549-4853, ext. 6303  <b>Email:</b> <a href="mailto:02.cpej.antecedents-retrouvailles@sss.gouv.qc.ca">02.cpej.antecedents-retrouvailles@sss.gouv.qc.ca</a>
<b>Capitale-Nationale: CIUSSS de la Capitale nationale</b>	<b>Mauricie et Centre-du-Québec: CIUSSS de la Mauricie et du Centre-du-Québec</b>
<b>Address:</b> 2915, av. du Bourg-Royal Québec (Québec) G1C 3S2  Mailing address of the background and reunions service Postal Box 70064 Québec, Canada G2J 0A1  <b>Telephone:</b> 418 666-8690  <b>Email:</b> <a href="mailto:ant.ret.ciusscn@sss.gouv.qc.ca">ant.ret.ciusscn@sss.gouv.qc.ca</a>	<b>Address:</b> 1455, boul. du Carmel Trois-Rivières (Québec) G8Z 3R7  <b>Telephone:</b> 819 378-5481  <b>Email:</b> <a href="mailto:04retrouvailles@sss.gouv.qc.ca">04retrouvailles@sss.gouv.qc.ca</a>

CISSS or CIUSSS Contact Information	
<b>Etrie: CIUSSS de l’Etrie</b>	<b>Montréal: CIUSSS de l’Ouest-de-l’Île-de-Montréal</b>
<b>Address:</b> 340, rue Dufferin Sherbrooke (Québec) J1H 4M7  <b>Telephone:</b> 819 822-2728, ext. 52113  <b>Email:</b> <a href="mailto:adoption-retrouvailles.cje@ssss.gouv.qc.ca">adoption-retrouvailles.cje@ssss.gouv.qc.ca</a>	<b>Address:</b> 6, Weredale Park Westmount (Québec) H3Z 1Y6  <b>Telephone:</b> 514 989-2939  <b>Email:</b> <a href="mailto:retrouvailles.batshaw.comtl@ssss.gouv.qc.ca">retrouvailles.batshaw.comtl@ssss.gouv.qc.ca</a>
<b>Outaouais: CISSS de l’Outaouais</b>	<b>Montréal: CIUSSS du Centre-Sud de l’Île-de-Montréal</b>
<b>Address:</b> 105, boul. Sacré-Cœur Gatineau (Québec) J8X 1C5  <b>Telephone:</b> 819 771-2990, ext. 442106  <b>Email:</b> <a href="mailto:07.retrouvailles@ssss.gouv.qc.ca">07.retrouvailles@ssss.gouv.qc.ca</a>	<b>Address:</b> 1001, boul. de Maisonneuve Est Montréal (Québec) H2L 4P9  <b>Telephone:</b> 514 896-3155  <b>Email:</b> <a href="mailto:recherche.antecedent.ccsmtl@ssss.gouv.qc.ca">recherche.antecedent.ccsmtl@ssss.gouv.qc.ca</a>
<b>Abitibi-Témiscamingue: CISSS de l’Abitibi-Témiscamingue</b>	<b>Côte-Nord: CISSS de la Côte-Nord</b>
<b>Address:</b> 3, 9 <sup>e</sup> Rue Rouyn-Noranda (Québec) J9X 2A9  <b>Telephone:</b> 819 279-4374  <b>Email:</b> <a href="mailto:08.cisssat.adoption.antecedents.retrouvailles@ssss.gouv.qc.ca">08.cisssat.adoption.antecedents.retrouvailles@ssss.gouv.qc.ca</a>	<b>Address:</b> 835, boul. Jolliet Baie-Comeau (Québec) G5C 1P5  <b>Telephone:</b> 418 589-9927, option 2  <b>Toll free number:</b> 1 800 463-8547, option 2  <b>Email:</b> <a href="mailto:antecedents.ret.09cisss@ssss.gouv.qc.ca">antecedents.ret.09cisss@ssss.gouv.qc.ca</a>
<b>Gaspésie : CISSS de la Gaspésie</b>	<b>Chaudière-Appalaches : CISSS de Chaudière-Appalaches</b>
<b>Address:</b> 205, boul. York Ouest, Suite 100 Gaspé (Québec) G4X 2V7  <b>Telephone:</b> 418 368-1803  <b>Email:</b> <a href="mailto:ant.ret.cisssgaspesie@ssss.gouv.qc.ca">ant.ret.cisssgaspesie@ssss.gouv.qc.ca</a>	<b>Address:</b> 1120, boul. Guillaume-Couture, bureau 150 Lévis (Québec) G6W 0R8  <b>Telephone:</b> 418 839-6888, ext. 62403  <b>Email:</b> <a href="mailto:antecedents.retrouvailles.cisssca@ssss.gouv.qc.ca">antecedents.retrouvailles.cisssca@ssss.gouv.qc.ca</a>
<b>Laval: CISSS de Laval</b>	<b>Lanaudière: CISSS de Lanaudière</b>
<b>Address:</b> Requests for services are processed by the CIUSSS du Centre-Sud de l’Île-de-Montréal.  1001, de Maisonneuve Est Montréal (Québec) H2L 4P9  <b>Telephone:</b> 514 896-3155  <b>Email:</b> <a href="mailto:recherche.antecedent.ccsmtl@ssss.gouv.qc.ca">recherche.antecedent.ccsmtl@ssss.gouv.qc.ca</a>	<b>Address:</b> 260, rue Lavaltrie Sud Joliette (Québec) J6E 5X7  <b>Telephone:</b> 450 756-8073  <b>Email:</b> <a href="mailto:ant-retrouvailles.cissslan@ssss.gouv.qc.ca">ant-retrouvailles.cissslan@ssss.gouv.qc.ca</a>
<b>Laurentides: CISSS des Laurentides</b>	<b>Montérégie: CISSS de la Montérégie-Est</b>
<b>Address:</b> 500, boul. des Laurentides, bureau 241 Saint-Jérôme (Québec) J7Z 4M2  <b>Telephone:</b> 1 855 752-7607  <b>Email:</b> <a href="mailto:antecedents-retrouvailles.cissslau@ssss.gouv.qc.ca">antecedents-retrouvailles.cissslau@ssss.gouv.qc.ca</a>	<b>Address:</b> 575, rue Adoncour Longueuil (Québec) J4G 2M6  <b>Telephone:</b> 450 928-4737  <b>Email:</b> <a href="mailto:antecedents-retrouvailles.cj16@ssss.gouv.qc.ca">antecedents-retrouvailles.cj16@ssss.gouv.qc.ca</a>



Appendix 1 – if applicable

**Parental authorization for a minor child who is under 14 years of age**

In the context of a process relating to family and medical background and reunions.

I, the undersigned, \_\_\_\_\_ and  
First name and surname of parent 1

I, the undersigned, \_\_\_\_\_,  
First name and surname of parent 2

authorize our child \_\_\_\_\_  
First name and surname of the child

born on \_\_\_\_\_ to take steps to obtain nominative information about their origins and to undertake a process to reunite  
Date of birth (year/month/day)

with the person sought. Indicate the person sought:

In witness whereof, I have signed in \_\_\_\_\_ on the \_\_\_\_\_  
City Date (year/month/day)

\_\_\_\_\_  
Signature of parent 1 Signature of parent 2