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Santé et Services sociaux Québec

Application for death verification

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

Surname | First name | Date of birth (year/month/day)

Sex ◯ Female ◯ Male ◯ Other

Health insurance number (if applicable)

Current full address

Number | Street | Apartment | City

Province | Postal code | Country

Telephone and email

Home telephone | Work telephone

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.

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.	◯	◯
2.	I wish to carry out a death verification concerning my father of origin.	◯	◯

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.	◯	◯
2.	I wish to carry out a death verification concerning my parent's father of origin.	◯	◯

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.	◯	◯

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

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.

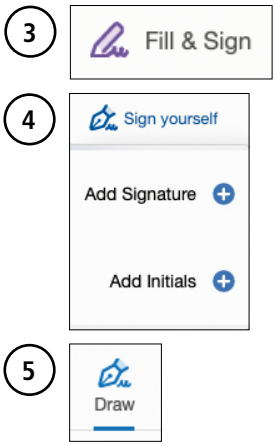
In witness whereof, I have signed in _____, on the _____
City Date (year/month/day)

_____
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	
Address:	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
Telephone:	514 492-0467
Toll free number:	1 833 453-0521
Email:	rasri@msss.gouv.qc.ca

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 Santé Québec institution of the region or territory where the adoption judgment was pronounced.

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

Santé Québec Institution Contact Information	
Santé Québec Bas-Saint-Laurent	**Santé Québec Saguenay–Lac-Saint-Jean – Universitaire**
Address: 287, rue Pierre-Saindon, 3e étage Postal Box 3500, Rimouski (Québec) G5L 8V5	**Address:** 1109, rue Bégin Pavillon Don Bosco Chicoutimi (Québec) G7H 4P1
Telephone: 418 721-2508	**Telephone:** 418 549-4853, ext. 6303
Toll free number: 1 833 721-2508	
Email: atcd.retrouvailles.dpj-pje.cisssbsl@ssss.gouv.qc.ca	**Email:** 02.cpej.antecedents-retrouvailles@ssss.gouv.qc.ca
Santé Québec Capitale-Nationale – Universitaire	**Santé Québec Mauricie-et-Centre-du-Québec – Universitaire**
Address: 2915, av. du Bourg-Royal Québec (Québec) G1C 3S2 Mailing address of the background and reunions service Postal Box 70064 Québec, Canada G2J 0A1	**Address:** 1455, boul. du Carmel Trois-Rivières (Québec) G8Z 3R7
Telephone: 418 666-8690	**Telephone:** 819 378-5481
Email: ant.ret.ciussscn@ssss.gouv.qc.ca	**Email:** 04retrouvailles@ssss.gouv.qc.ca

Santé Québec Institution Contact Information	
Santé Québec Estrie – Centre hospitalier universitaire de Sherbrooke	**Montréal: Santé Québec Ouest-de-l'Île-de-Montréal – Universitaire – Les Centres de la jeunesse et de la famille Batshaw**
Address: 340, rue Dufferin Sherbrooke (Québec) J1H 4M7 **Telephone:** 819 822-2728, ext. 52113 **Email:** adoption-retrouvailles.cje@ssss.gouv.qc.ca	**Address:** 6, Weredale Park Westmount (Québec) H3Z 1Y6 **Telephone:** 514 989-2939 **Email:** retrouvailles.batshaw.comtl@ssss.gouv.qc.ca
Santé Québec Outaouais	**Montréal: Santé Québec Centre-Sud-de-l'Île-de-Montréal – Universitaire**
Address: 105, boul. Sacré-Cœur Gatineau (Québec) J8X 1C5 **Telephone:** 819 771-2990, ext. 442106 **Email:** 07.retrouvailles@ssss.gouv.qc.ca	**Adress:** Adoption, Antécédents et Retrouvailles 1001, boul. de Maisonneuve Est, local 681 Montréal (Québec) H2L 4P9 **Telephone:** 514 896-3155 **Email:** recherche.antecedent.ccsmtl@ssss.gouv.qc.ca
Santé Québec Abitibi-Témiscamingue	**Santé Québec Côte-Nord**
Address: 3, 9e Rue Rouyn-Noranda (Québec) J9X 2A9 **Telephone:** 819 279-4374 **Email:** 08.cisssat.adoption.antecedents.retrouvailles@ssss.gouv.qc.ca	**Address:** 835, boul. Jolliet Baie-Comeau (Québec) G5C 1P5 **Telephone:** 418 589-9927, option 2 **Toll free number:** 1 800 463-8547, option 2 **Email:** antecedents.ret.09cisss@ssss.gouv.qc.ca
Santé Québec Gaspésie	**Santé Québec Chaudière-Appalaches**
Address: 205, boul. York Ouest, Suite 100 Gaspé (Québec) G4X 2V7 **Telephone:** 418 368-1803 **Email:** ant.ret.cisssgaspesie@ssss.gouv.qc.ca	**Address:** 1120, boul. Guillaume-Couture , bureau 150 Lévis (Québec) G6W 0R8 **Telephone:** 418 839-6888, ext. 62403 **Email:** antecedents.retrouvailles.cisssca@ssss.gouv.qc.ca
Santé Québec Laval	**Santé Québec Lanaudière**
Address: Requests for services are processed by the CIUSSS du Centre-Sud de l'Île-de-Montréal. Adoption, Antécédents et Retrouvailles 1001, de Maisonneuve Est, local 681 Montréal (Québec) H2L 4P9 **Telephone:** 514 896-3155 **Email:** recherche.antecedent.ccsmtl@ssss.gouv.qc.ca	**Address:** 260, rue Lavaltrie Sud Joliette (Québec) J6E 5X7 **Telephone:** 450 756-8073 **Email:** ant-retrouvailles.cissslan@ssss.gouv.qc.ca
Santé Québec Laurentides	**Montérégie: Santé Québec Montérégie-Est**
Address: 500, boul. des Laurentides, bureau 241 Saint-Jérôme (Québec) J7Z 4M2 **Telephone:** 1 855 752-7607 **Email:** antecedents-retrouvailles.cissslau@ssss.gouv.qc.ca	**Address:** 575, rue Adoncour Longueuil (Québec) J4G 2M6 **Telephone:** 450 928-4737 **Email:** antecedents-retrouvailles.cj16@ssss.gouv.qc.ca

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