



DT9319

## AUTHORIZATION FOR A THIRD PARTY TO REGISTER THE BIRTH OF A CHILD

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

born on \_\_\_\_\_ am the \_\_\_\_\_ of a \_\_\_\_\_ child  
Date (year month day) (parent, tutor) (sex assigned at birth: male/female)

born on \_\_\_\_\_ .  
Date (year month day)

### DECLARE THAT:

1. On \_\_\_\_\_, I completed the declaration of birth of the \_\_\_\_\_ child  
Date (year month day) (sex assigned at birth: male/female)

born on \_\_\_\_\_ in \_\_\_\_\_ who will bear the  
Date (year month day) City

first name(s) and surname(s) of \_\_\_\_\_ .  
Child's first name(s) Child's surname(s)

2. I authorize the person authorized by the Director of Youth Protection of the institution that has the mission of child and youth protection of \_\_\_\_\_ to send the declaration of birth form to the Registrar of Civil Status in order to register the child's birth in Quebec's register of civil status, in accordance with the provisions of the Civil Code of Québec.

**AND I HAVE SIGNED**, before a witness, in \_\_\_\_\_  
City

on the \_\_\_\_\_ day of the month of \_\_\_\_\_ in the year 20 \_\_\_\_\_ .

\_\_\_\_\_  
Signature of the parent or tutor

**WITNESS:** \_\_\_\_\_  
First name and surname in block letters

\_\_\_\_\_  
Signature of the witness

\_\_\_\_\_  
Address (number, street, apartment, city, province, postal code)

\_\_\_\_\_  
Telephone