

AS-718A DT9319 (rev. 2018-05)



AUTHORIZATION TO A THIRD PARTY TO PROCEED TO THE REGISTRATION OF THE BIRTH OF A CHILD

I, the undersigned,		, having been			
born on Date (Year/month/day	, am the(Mother or fat	of a child of	(Masculine, feminine	gender,	
born on Date (Year/month/day	· ·				
On the	, I completed the reg	istration of the birth	of my child of	(Masculine, feminine)	
gender, born on	in		(City)		
Dato (100	in months addy)		(Oily)		
Services or Integrated University to transmit the registration of	ersity Center of Health and of the birth of my child to t	d Social Services of the Director of civil s	tatus, to register		
Services or Integrated University to transmit the registration of Registrar of Civil Status of C	ersity Center of Health and of the birth of my child to t	d Social Services of the Director of civil s	tatus, to register		
Services or Integrated University to transmit the registration of Registrar of Civil Status of	ersity Center of Health and of the birth of my child to t	d Social Services of the Director of civil s	tatus, to register Quebec.		
Services or Integrated University to transmit the registration of Registrar of Civil Status of Civil Status of Civil Status of Civil Status of Civil Signature of the parent	ersity Center of Health and of the birth of my child to t Quebec, in accordance wit this	d Social Services of the Director of civil s th the Civil Code of C	tatus, to register Quebec.	r his or her birth in th	
Services or Integrated University to transmit the registration of Registrar of Civil Status of	ersity Center of Health and of the birth of my child to t Quebec, in accordance wit this	d Social Services of the Director of civil s th the Civil Code of C	tatus, to register Quebec.	r his or her birth in th	
	ersity Center of Health and of the birth of my child to to Quebec, in accordance with this this	d Social Services of the Director of civil s th the Civil Code of C	tatus, to register Quebec.	e year 20	