



DT9319

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

I, the undersigned, _____, having been

born on _____, am the _____ of a child of _____ gender,
Date (Year/month/day) (Mother or father) (Masculine, feminine)

born on _____.
Date (Year/month/day)

On the _____, I completed the registration of the birth of my child of _____
Date (Year/month/day) (Masculine, feminine)

gender, born on _____ in _____
Date (Year/month/day) (City)

Which will bear the following names and surnames: _____.

I authorize the Youth protection director authorized representatives of the Integrated Center of Health and Social Services or Integrated University Center of Health and Social Services of _____ to transmit the registration of the birth of my child to the Director of civil status, to register his or her birth in the Registrar of Civil Status of Quebec, in accordance with the Civil Code of Quebec.

Signature of the parent

Signed at: _____ this _____ day of _____ of the year 20 _____.
(City)

(Signature)

(Name in print letters)

Signature of the witness

(Signature)

(Name in print letters)

(Address)

(Telephone)