

Request for a Search of Mandate for public Register of Protection Mandates

Information concerning the mandator (Write in block letters)

Fields marked with an asterisk (*) are required

1 - Surname (Last Name) at birth*	2 - Given name (first name used)*	Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female
3 - Social insurance number (SIN)* <input type="checkbox"/> No SIN	4 - Date of birth* Day Month Year	5 - Occupation before retirement (Do not write "retired")*
6 - Presumed date of incapacity* Day Month Year	7 - Marital status (one choice only) <input type="checkbox"/> married / common law spouse <input type="checkbox"/> divorced / separated <input type="checkbox"/> widowed <input type="checkbox"/> single	
8 - Surname and given name at birth of spouse		Union date Day Month Year
9 - Surname and given name at birth of previous spouse		Union date Day Month Year
10 - Last residing address*		
11 - Previous addresses since 1989, indicate the years (use a separate sheet if necessary)		


Last known notarial mandate

12 - Last known mandate Day Month Year	Name of notary
13 - Additional information, if necessary	

Type of service requested* (view details on back)

<input type="checkbox"/> Regular – \$ 23 taxes included
Urgent service is not currently offered

Information concerning the applicant (Write in block letters)

Surname and given name*	Company or Society's name		
Street number and name*	Apt. or suite	Telephone number (daytime)*	
City*	Province*	Postal Code*	Telephone (cell number or other)
Pay with your credit card by indicating your credit card number, its expiry date and a security code or enclose your payment by postal money order or bank money order to Chambre des notaires du Québec. Personal checks are not accepted.			
Payment* <input type="checkbox"/> Credit card <input type="checkbox"/> Money order payable to Chambre des notaires du Québec	Credit card number <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	Expiry date	Security code (Figures on the back of the card)
 Applicant's signature			Date

Include the originals and a copy of a recent medical and psychosocial assessment certifying the incapacity of the mandator or a recent report from the General Director of a health or social services facility and an affidavit establishing your interest for the mandator.

Instructions

In order for us to process your request, please read and follow the instructions below. If any of the mandatory information is missing, we will not be able to complete the search and therefore we will have to send back your request. The Register of Mandates contain more than 2.5 million deeds, we must therefore obtain complete and precise information to identify, if applicable, the last mandate of the concerned person. We thank you in advance for your cooperation.

- 1 - **Surname (Last Name) at birth:** Indicate the family name at birth. Don't enter the spouse's name.
- 2 - **Given name (first name used):** Enter the person's first name; any other first names on the birth certificate are not necessary.
- 3 - **Social insurance number (SIN):** If the incapable person has one, you must enter it. If the person had no SIN, you must specify all occupations in box 5 and all addresses since 1989 in box 11. In some cases, we will not be able to emit a search certificate. We will then contact the applicant.
- 4 - **Date of birth:** If date is unknown indicate the year.
- 5 - **Occupation:** Enter the occupation before retirement. Please be as specific as possible. Ex.: construction day labourer, bookkeeper, accounting clerk. If the person has never worked, indicate *none*.
- 6 - **Presumed date of incapacity:** Indicate when the person has become incapacitated. This date has no legal value but is necessary for the completion of the search.
- 7 - **Marital status:** Check the box corresponding to the marital status; check only one box.
- 8 - **Surname and given name of spouse:** Indicate the name and first name of spouse, be it by marriage, common law or civil union.
- 9 - **Surname and given name of previous spouse:** Indicate, if applicable, the surname and given name of all previous spouses.
- 10 - **Last residing address:** Enter the street name number and city. If the incapable person is hospitalized, enter that person's address prior to hospitalisation.
- 11 - **Previous addresses since 1989:** If there is no known mandate, indicate all addresses since 1989, with dates. Ex.: Trois-Rivières from 1998-2000. If there is a last known mandate indicate all addresses since the mandate until the date of incapacity.
- 12 - **Last known mandate:** indicate the name of the notary and the date of the last mandate. If you do not have the exact date, indicate the year. For more than one contract please use the additional information space.

Type of service requested

- **Regular – \$ 23 taxes included:** The search certificate will be mailed in two (2) weeks following the reception of your request if the incapacity goes back more than two (2) weeks. However it will be mailed in three (3) weeks for more recent cases.
- **Due to the circumstances of the COVID-19, additional delays are to be expected for search request to the registers.**

IMPORTANT:

- La Chambre des notaires cannot be responsible for errors on a mandate search certificate when this is due to erroneous or missing information given on the request form. Please ensure that all the information indicated on the form is accurate. The Register of Protection Mandates of the Chambre des notaires du Québec was established on August 29th, 1991 but holds mandates dating back to 1989. Therefore, it is impossible to trace any acts made prior to these dates.
- In order to keep this process confidential, we will give information only to the applicant of the search.

Requirements Checklist

- Include the originals of a recent medical and psychosocial assessment certifying the incapacity of the mandator or a recent report from the General Director of a health or social services facility.
- An affidavit establishing your interest for the mandator.
- Include a photocopy of the original documents mentioned above.
- By mail:** Indicate your credit card number, its expiration date and the security code figures at the back of the card or enclose a postal money order or bank money order payable to the Chambre des notaires du Québec. **Personal checks are not accepted.**
- In person:** Payment can be made by credit card, money order, debit or cash. **Personal checks are not accepted.**
- Address your search request to:

Registers of Testamentary Dispositions and Mandates of the Chambre des notaires du Québec
2045, Stanley Street, Suite 101
Montreal QC H3A 2V4

For more information:

Telephone: 514 879-2906 or 1 800 340-4496
Fax: 514 879-6938

Created October 16, 2013
Modified October 15, 2020