

**Inquiry and/or information Request Form /**

**Member of the public**

Fields marked with an asterisk (\*) are mandatory.

**Identification of requester**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name \* |  | First name \* |  |

Gender \*  Female  Male

|  |  |
| --- | --- |
| Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| City \* |  | Postal/Zip Code \* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Country\* |  | Province/State\* |  |

**\* Provide at least one phone number where you can be reached between 9 a.m. and 5 p.m.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home |  | Work |  | Ext. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Cell \* |  | Email\* |  |

**Identification of co-requester(s) (min. 0 – max. 10)**

If there is more than one co-requester, please provide the required information for each on a separate sheet and attach it to this request.

**Co-requester 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name \* |  | First name \* |  |

Gender \*  Female  Male

|  |  |
| --- | --- |
| Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| City \* |  | Postal/Zip Code \* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Country\* |  | Province/State\* |  |

**\* Provide at least one phone number where you can be reached between 9 a.m. and 5 p.m.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home |  | Work |  | Ext. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Cell \* |  | Email\* |  |

**Contact person for this case**

Requester  Co-Requester Other

**If you have checked “Co-requester,” please specify which one:**

|  |
| --- |
|  |

**If you have checked “Other,” please complete the following:**

|  |  |
| --- | --- |
| Please specify for “Other”  (Legal counsel, mandatary or other family member) |  |

|  |  |
| --- | --- |
| Link to requester \* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Last name of contact \* |  | First name of contact \* |  |

Gender \*  Female  Male

Same address as Requester?

If not, please complete the following:

|  |  |
| --- | --- |
| Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
| City \* |  | Postal/Zip Code \* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Country\* |  | Province/State\* |  |

**\* Provide at least one phone number where you can be reached between 9 a.m. and 5 p.m.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Home |  | Work |  | Ext. |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Cell \* |  | Email\* |  |

**Identification of the notary concerned**

If there is more than one notary concerned, please complete and submit a form for each notary.

|  |  |  |  |
| --- | --- | --- | --- |
| Last name\* |  | First name\* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address |  | City |  |

**Description of events**

**Nature of the case associated with the request \***

Estate  Real estate transaction  Curatorship, tutorship or mandate in case of incapacity

Other If “Other,” please specify

|  |
| --- |
|  |

**If for an estate, please complete the following:**

Last name of the deceased\* First name of the deceased\*

|  |  |  |
| --- | --- | --- |
|  |  |  |

Gender \*  Female  Male

I am: Heir  Liquidator  Other

To your knowledge, is there a will?  Yes No Do not know

**If for a real estate transaction, please complete the following:**

|  |  |
| --- | --- |
| Address of the property |  |

|  |  |  |  |
| --- | --- | --- | --- |
| City \* |  | Postal/Zip Code \* |  |

Which type of transaction is involved?  Sale  Financing  Discharge  Other

**If for a curatorship, tutorship or mandate in case of incapacity, please complete the following:**

Last name of the incapable person \* First name of the incapable person \*

|  |  |  |
| --- | --- | --- |
|  |  |  |

Gender \*  Female  Male

I am:  Curator  Tutor  Mandatary  Spouse  Other

|  |  |
| --- | --- |
| If “Other,” please specify |  |

**Summary of the facts (provide dates and locations)\***

**Identification of witnesses (min. 0 – max 10)**

If more than one witness, please provide the required information for each on a separate sheet and attach it to this request.

**Witness 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Last name\* |  | First name\* |  |

Gender:  Female  Male

|  |  |
| --- | --- |
| Phone number |  |

**What are you expectations regarding this request?\***

**History**

I have already contacted the Investigation and Litigation Department.

**Confirmation\***

I confirm that the information provided above is true to the best of my knowledge, and I agree with the Investigation and Litigation Department taking action with the notary concerned. I consent that a copy of this request and any other document included, as well as any future correspondence be transmitted to the notary concerned for the purposes of this inquiry.

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Signature of requester Date

To submit a request for an inquiry, complete the request form and send it either by fax, email or mail, along with the necessary attachments, to the following address:

**Our address:**

Investigation and Litigation Department.  
Chambre des notaires du Québec  
101 - 2045, Stanley Street

Montreal, QC H3A 2V4

Tel: 514-879-1793 / 1-800-263-1793

Fax: 514-879-1589

[syndic@cnq.org](mailto:syndic@cnq.org)