

Information concerning the mandator (Write in block letters)

Fields marked with an asterisk (*) are required.

1 - Surname at birth*			2 - Usual given name*		
3 - Social insurance number (SIN)* <input type="checkbox"/> No SIN		4 - Date of birth * (DD) (MM) (YYYY)		5 - Occupation before retirement (Do not write "retired")	
6 - Presumed date of incapacity* (DD) (MM) (YYYY)		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 last spouse				Union date (DD) (MM) (YYYY)	
9 - Surname and given name at birth of previous spouse				Union date (DD) (MM) (YYYY)	
10 - Last residing address					
11 - Previous addresses since 1989, indicate the years (use a separate sheet if necessary)					




Dernier mandat notarié connu

12 - Last Known Mandate (DD) (MM) (YYYY)	Name of notary
13 - Additional information, if necessary	

Last known notarial mandate

<input type="checkbox"/> Regular – \$ 23 taxes included The request is processed within a maximum of 10 working days of receipt of the request at the Chamber. View details on back.
<input type="checkbox"/> Expedited processing – 57,49\$ taxes included The request is processed within a maximum of 2 days of working days of receipt of the request at the Chamber. View details on back

Information concerning the applicant

<input type="checkbox"/> I am NOT a lawyer or notary <input type="checkbox"/> I am notary <input type="checkbox"/> I am lawyer			Membership number (notary or lawyer):		
Surname and given name *			Company or Society's name		
Street number and name *		Apt. or suite	Telephone number (daytime)*		
City*		Province / State*	Country	Postal Code*	
<input type="checkbox"/> Credit card		Credit card number 		Expiry date	Security code (Figures on the back of the card)
<input type="checkbox"/> Money order payable to Chambre des notaires du Québec				/	
 Applicant's signature				Date	

If you are a public member. 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

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 processing time for the request may be longer than 10 working days if it is necessary to confirm the information with the applicant or the notary or if the presumed date of incapacity is less than 20 days.
- **Expedited processing – 57,49\$** taxes included: The request is processed within a maximum of 2 working days following receipt of the request at the Chamber. To choose accelerated treatment, the presumed date of incapacity must be more than 20 days old.

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.
- To keep this process confidential, we will give information only to the applicant of the search.

Documents to attach to your request

If you are a public member, 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.

It is not mandatory to attach a recent medical and psychosocial assessment certifying the incapacity of the mandator or a recent report from the General Director of a health if you are a member of the Chambre des notaires du Québec or the Barreau du Québec. Lawyers and notaries from another jurisdiction must provide documents as a member of the public.

By mail: Indicate your credit card number, its expiration date and the security code figure 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 and cash are not accepted.**

In person: Payment can be made by credit card, money order or debit. **Personal checks and cash 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