

Being eligible to submit the Special Power of Attorney for the Application for a Certificate or Copy of an Act form does not mean that the application will be accepted. The information and documents provided are very important because they will help us make a fair assessment of your application. Failing to provide required documents or information could lead to additional processing time or to the rejection of the application.

This special power of attorney is valid only for an application for a certificate or copy of an act. Note that it is always preferable to apply for a certificate or copy of an act yourself in order to avoid additional processing time.

**Important**

- Complete **all sections** of the form.
- Write in block letters in **black** or **blue** ink.
- Include this form with your application for a certificate or copy of an act of death.
- Include two copies of the documents issued by **two separate organizations** and used to establish the identity of **the mandator**, that is, a **photocopy** of a valid identity document with photo and signature and a **photocopy** of a valid proof of home address.
- Include two copies of the documents issued by **two separate organizations** and used to establish the identity of **the mandatory**, that is, a **photocopy** of a valid identity document with photo and signature and a **photocopy** of a valid proof of home address.
- Read the general information and guidelines in the application for a certificate or copy of an act to learn about the identity documents to include with your application.
- **Sign** and **date** section 3.
- Note that we reserve the right to request additional documents if needed.

**Section 1 : Information about the mandator (person who is represented by the mandatory)**

1. Surname		2. Usual given name		3. Other given names (separated by commas)	
4. Home address (number, street)			Apartment	5. City, town, village or municipality	
6. Province			7. Country		8. Postal code
9. Email (only if you want to be contacted by email)					
10. Area code	Phone number	11. Area code	Phone number (other)	Extension	

**Section 2 : Information about the mandatory (person who represents the mandator)**

12. Surname		13. Usual given name			
14. Home address (number, street)		Apartment	15. City, town, village or municipality		
16. Province		17. Country			
18. Postal code					
19. Email (only if you want to be contacted by email)					
20. Area code	Phone number	21. Area code	Phone number (other)	Extension	

**Section 3 : Authorization, acceptance and signatures**

**Authorization from the mandator**

22. Check the boxes that correspond to your situation and enter the number of documents requested.

I authorize the mandatory whose contact information is specified in section 2 to submit on my behalf an application for:

- a certificate      Enter the number of documents requested: \_\_\_\_\_
- a copy of an act      Enter the number of documents requested: \_\_\_\_\_

Enter the name of the person concerned by the application: \_\_\_\_\_

This power of attorney takes effect on the date of signature and is valid for **90 days**.

**X** \_\_\_\_\_ Date 

Year	Month	Day

  
Signature of the mandator (required)

**Acceptance from the mandatory**

23. I accept the power of attorney entrusted to me by the mandator whose contact information is specified in section 1.

**X** \_\_\_\_\_ Date 

Year	Month	Day

  
Signature of the mandatory (required)