

PLEASE READ THE INSTRUCTIONS ON THE REVERSE BEFORE FILLING OUT THIS FORM.

Section to be completed by the declarant

I, the undersigned, _____, domiciled at
First and last names

_____,
Number, street, apartment, locality and postal code

solemnly declare the following:

1. Duration of stay in Québec

I will stay in Québec for more than six months, from _____ to _____
with my children under 18, if applicable. Arrival date (year-month-day) Departure date (year-month-day)

First and last names of child	Arrival date (year-month-day)	Departure date (year-month-day)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Place of domicile

I confirm that I established my domicile (main residence) in Québec on _____ at the above-mentioned address
and that I intend to remain in Québec. Date (year-month-day)

3. Marriage or civil union

I confirm that I have been living maritally or in a civil union with _____
since _____. The marriage or civil union took place at _____.
Date (year-month-day) First and last names of spouse Locality

4. De facto union

I am living in a de facto union with _____, because we have been living
together for at least 12 months or, although we have been living together for less than 12 months, we have had or adopted a child together.
First and last names

Section to be completed before a commissioner for oaths

I solemnly declare that all the information I have provided in this sworn statement is accurate and complete.

First and last names (in bloc letters) of declarant

X

Signature of declarant

Seal _____

Sworn before me at _____
Location

First and last names of commissioner

Number or title of commissioner

Signature of commissioner

Date of signature

INSTRUCTIONS

IMPORTANT

Any person who, with intent to mislead, declares or confirms under oath a fact that he or she knows to be inaccurate is liable to be accused of perjury under the Criminal Code. The Régie de l'assurance maladie du Québec is entitled to verify the veracity of the affirmation contained in this declaration.

If you wish to provide a sworn statement to serve as proof of residence, use the form entitled *Sworn Statement - Proof of Residence* available on the website of the Régie.

Section to be completed by the declarant

Write your first and last names and complete address and **fill out the sections corresponding to your situation.**

Please refer to the card application form sent by the Régie to find out what important information you need to provide.

Section to be completed before a commissioner for oaths

Go to a commissioner's office for the signing of this form. **Remember to bring one piece of ID.**

Persons authorized to act in the capacity of commissioner for oaths include:

- commissioners for oaths appointed by the Minister of Justice (please refer to www.assermentation.justice.gouv.qc.ca to find the commissioner for oaths nearest you)
- certain employees at the reception desks of the Régie de l'assurance maladie du Québec
- lawyers and notaries duly registered with the Barreau du Québec or the Chambre des notaires du Québec and justices of the peace, throughout Québec
- the mayor, councillor, clerk or secretary-treasurer of a municipality, within the territory of his/her municipality
- Québec court clerks and their assistants, within the judicial district where they are appointed
- the secretary general, assistant secretaries general and assistant secretaries of the National Assembly, throughout Québec
- agents in certain Services Québec offices (call before going there)

A fee may be required of the declarant for the swearing-in.