

READ THE INSTRUCTIONS ON THE REVERSE BEFORE COMPLETING THIS DOCUMENT.

SECTION A: PLACE OF RESIDENCE

To be completed by the owner, the owner's representative or the tenant who signed the lease.

I, the undersigned, _____ First and last names _____ solemnly declare that

_____ First and last names of the person applying for a Health Insurance Card _____ resides at

_____ Number, street, apartment, municipality and postal code

and that I am the owner or representative thereof or the tenant who signed the lease.

SECTION B: DECLARATION

To be signed **BEFORE A COMMISSIONER FOR OATHS** by the owner, the owner's representative or the tenant who signed the lease.

I solemnly declare that the information I have provided in this declaration is accurate and complete.

_____ First and last names of the owner, the owner's representative or the tenant who signed the lease

_____ Telephone number

_____ Number, street, apartment, municipality and postal code

X _____ Signature of the owner, the owner's representative or the tenant who signed the lease

_____ Date

Seal

Sworn before me at _____ Location

_____ First and last names of the commissioner

_____ Commissioner number or title

_____ Signature of the commissioner

_____ Date

This declaration is valid for 45 days from the date it is signed by the commissioner for oaths.

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.

This form must be **completed and signed by the owner, the owner's representative or the tenant having signed the lease** and who is declaring under oath before a commissioner for oaths the place of residence of the person applying for a Health Insurance Card.

SECTION A : PLACE OF RESIDENCE

1. Indicate your first and last names.
2. Provide the name and address of the person who is required to provide this proof of residence.

SECTION B : DECLARATION

1. Indicate your first and last names, address and telephone number.
2. Go to a commissioner's office for the signing of this form. Bring a **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)

The person having to provide proof of residence is responsible for any fee charged for the administration of oath.