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Declaration of remittance of property in favour of a minor

Declarant		
Last name and first name		
Name of company (where applicable)		Telephone
Address No, street, city		Postal code
Declaration made under article 217 of the Civil Code of Québec in my capacity as ☐ insurer (private company or public agency) or other compensation payer ☐ liquidator of the estate of: ☐ Use the Civil Code of Québec in my capacity as ☐ donor ☐ liquidator of the estate of: ☐ Insurer (private company or public agency) or other compensation payer ☐ Insurer (private company or public agency) or other compensation payer ☐ Insurer (private company or public agency) or other compensation payer ☐ Insurer (private company or public agency) or other compensation payer ☐ Insurer (private company or public agency) or other compensation payer ☐ Insurer (private company or public agency) or other compensation payer ☐ Insurer (private company or public agency) or other compensation payer ☐ Insurer (private company or public agency) or other compensation payer ☐ Insurer (private company or public agency) or other compensation payer ☐ Insurer (private company or public agency) or other compensation payer ☐ Insurer (private company or public agency) or other compensation payer ☐ Insurer (private company or public agency) or other compensation payer ☐ Insurer (private company or public agency) or other compensation payer ☐ Insurer (private company or public agency) or other compensation payer ☐ Insurer (private company or public agency) or other compensation payer ☐ Insurer (private compensation payer compensat		
Information about the property		
Description of property (material asset, annuity, indemnity, capital, benefits, cash gift, etc.)		
Value of property or amount		Date remitted
		yyyy-mm-dd
Minor for whom the property is intended		
Last name and first name		
Address		Postal code
No, street, city		
Date of birth Social Insurance number (if applicable		
yyyy-mm-dd		
Person to whom the property was or will be remitted		
Last name and first name		Telephone
Address		Postal code
No, street, city		
Relationship to the minor parents (legal tutors)		
Solemn statement		
I hereby certify that all information in this declaration is true and accurate. Signed in: City on: yyyy-mm-dd		
Signature		
Please send the duly signed form to the following address: Curateur public du Québec 500, rue Sherbrooke Ouest, bureau 1832 Montréal (Québec) H3A 0.12		