



**Indemnisation
des victimes
d'actes criminels**

1199, rue De Bleury
C. P. 6056, succursale Centre-ville
Montréal (Québec) H3C 4E1
Tél. : 514 906-3019
1 800 561-4822

**AUTHORIZATION TO SEND
A COPY OF THE FILE**

IVAC file No.

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Health insurance No.

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Date of birth

Y	Y	Y	Y	M	M	D	D
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Victim or rescuer information

Last name (as shown on birth certificate)

First name

Home address

Number

Street

Apartment

P.O. Box

City/Municipality

Province/State

Country

Postal code

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Father's name

Mother's name

Complete an authorization form for each establishment or professional consulted.

Establishment (hospital, CSSS, private clinic, other) or professional consulted

Name

Enter the full address

Number

Street

Apartment

P.O. Box

City/Municipality

Province/State

Country

Postal code

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Documents required

AUTHORIZATION

The authorization must be signed by the victim or rescuer if they are 14 years of age or older, or by the guardian if they are under 14. I hereby authorize the holder(s) of the file designated on this form to send a copy of the above-mentioned documents to the Direction de l'IVAC.

Signature (Sign the print version by hand)



Y	Y	Y	Y	M	M	D	D
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