



INDEMNITY EXTENSION: DECLARATION AND ATTESTATION OF A CHANGE IN FAMILY SITUATION

Indemnisation
des victimes
d'actes criminels

1. Fill out the form by entering the necessary information in the appropriate spaces.	2. Send the completed document to the <i>Direction générale de l'IVAC</i>: Online www.ivac.qc.ca By mail 1600, avenue d'Estimauville, CP 1400 Succ. Terminus Québec (Québec) G1K 0K2 By fax 1 888 927-0003
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Declaration by beneficiary

I, the undersigned, _____, hereby declare as follows:

- I am the beneficiary of a monthly indemnity of \$ _____ paid by the Direction générale de l'IVAC;
- The following information is correct (*please provide all the information requested*):

IVAC file number <input type="text"/>	Address <input type="text"/>		
Telephone <input type="text"/>	Date of birth <input type="text"/>	Social Insurance Number <input type="text"/>	

Present status

Single	Widow or widower	Married ▶ Date of marriage _____ Year-Month-Day
Remarried ▶ Date of remarriage _____ Year-Month-Day	Common law spouse ▶ Cohabitation start date: _____ Year-Month-Day	

Are there any children born of this union?	Yes No	Date of birth of the children _____ Year-Month-Day	_____ Year-Month-Day	_____ Year-Month-Day
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And I have signed in _____ on _____
(city) (date)

(Signature of beneficiary)

Declaration by witness

I hereby attest to the identity of the beneficiary.

Name of witness	Title or occupation
Full address	Telephone <input type="text"/>

Signature of witness _____ (Commissioner for Oaths, justice of the peace, notary, lawyer, doctor, bank manager, clerk of a court of justice or of a municipality)	<div style="border: 1px solid black; height: 100px; width: 100%;"></div> Seal or stamp, if any
Date _____ Year-Month-Day	

Please enclose a certified copy of the document requested with the enclosed letter.