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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ONTARIO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | | |  | Numéro de dossier du greffe | | | | | |
| (Nom du tribunal) | | | | | | | | | | | | | | | | | | | | Déclaration concernant une conclusion de filiation | | | | | |
| **situé(e) au** | | |  | | | | | | | | | | | | | | | | | | | |
|  | | | Adresse du greffe | | | | | | | | | | | | | | | | | | | |
| Nature de l'instance : | | | | | | | |  | | | | | | | | | | | | | | | | | | | | |
| Parties: |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date de l'ordonnance ou du jugement *(joignez une copie certifiée)* | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  |
| Je soussigné(e), | | | | |  | | | | | | | | | | | | | | | | | , greffier du tribunal susmentionné, déclare par la | | | | | | |
| présente que 'ordonnance/le jugement rendu dans l'affaire susmentionnée confirme une filiation ou conclut à une filiation en donnant les détails suivants : | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Père :** | | Nom de famille : | | | | | | | | |  | | | | | | | | | | | | | | | |  | |
|  | | Prénom(s) : | | | | | | |  | | | | | | | | | | | | | | | |  | | | |
|  | | Adresse : | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | Date de naissance : | | | | | | | | | | |  | | | | | | |  | | | | | | | | |
| **Mère :** | | Nom de famille : | | | | | | | | |  | | | | | | | | | | | | | | | |  | |
|  | | Prénom(s) : | | | | | | |  | | | | | | | | | | | | | | | |  | | | |
|  | | Adresse : | | | |  | | | | | | | | | | | | | | | | | | | | | | |
|  | | Date de naissance : | | | | | | | | | | |  | | | | | | |  | | | | | | | | |
| **Enfant :** | | Nom de famille : | | | | | | | |  | | | | | | Nom de famille modifiée (s'il y a lieu) | | | | | | | | | |  | | |
|  | | Prénom(s) : | | | | | | |  | | | | | | | | | | | | | | | |  | | | |
|  | | Sexe : | |  | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | | Date de naissance : | | | | | | | | | |  | | | | | | |  | | | | | | | | | |
|  | | Lieu de naissance : | | | | | | | | | |  | | | | | | | | | | | | |  | | | |
|  | | Numéro d'enregistrement de la naissance (s'il est connu) | | | | | | | | | | | | | | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | |
| Date | | | | | | | | | | | | | | |  | | | Signature | | | | | | | | | | |