

Certificate Respecting the Treatment of Infertility

Complete this form if you are claiming the tax credit for the treatment of infertility or applying for an advance payment of the tax credit.

Year

1 Information about the individual claiming the tax credit (please print)

Last name First name Social insurance number

2 Information about the person undergoing treatment

Check the box corresponding to the person undergoing the treatment.

- You Your spouse Another person

If you checked "Another person," please provide the following information regarding that person:

Last name First name Social insurance number

Address

Postal code Date of birth

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3 Certification respecting the treatment of infertility

Part 3 is to be completed by the physician carrying out the treatment.

In the case of in vitro fertilization expenses paid before November 15, 2021, has the person designated in Part 1 (or that person's spouse, if applicable) undergone surgical sterilization by vasectomy or tubal ligation, as applicable, other than for strictly medical reasons? Yes No

Is there a centre for assisted procreation located less than 200 kilometres (or less than 250 kilometres, for expenses incurred before July 1, 2016) away from the locality where the person designated in Part 2 lives that offers treatment for infertility that is equivalent to the treatment the person is undergoing? Yes No

Is it impossible for the person undergoing the treatment to travel without assistance? Yes No

Name of the centre for assisted procreation where treatment is being carried out Licence number

Address Postal code

4 Signature

certify that the information provided in **Part 3** is accurate and complete.

Name of physician (please print)

Address Postal code

Signature

Date

Area code

Telephone

Extension



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