



## PRE-DEPLOYMENT CHECKLIST

### Family Information Line (24/7)

1-800-866-4546

The following is a checklist to assist you and your family in preparing for the unexpected and the routine aspects of daily life during deployment or an extended absence.

This document is intended to serve as a flexible and supportive guide for you and your family. Each situation is unique, so not every section will apply or need to be completed in full. Use what is helpful and adapt it to fit your specific needs. Taking the time to complete this checklist can help provide peace of mind and ensure that you and your loved ones feel more prepared and confident throughout the absence.

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## PRE-DEPLOYMENT CHECKLISTS

### DEPLOYED INDIVIDUAL'S INFORMATION

Full Name	
Members Rank, Service Number, Unit	
Deployment Dates	
Name of Mission or Operation	
Deployment Mailing Address	
How to Reach Member in an Emergency	Local Unit Contact:  Deployment Contact:

### DEPLOYED INDIVIDUAL'S NEXT OF KIN

Name	
Phone Number	
Email	
Relationship	
Name	
Phone Number	
Email	
Relationship	
Name	
Phone Number	
Email	
Relationship	

### MY INFORMATION

Name	
Home Number	
Cell Number	
Home Address	
Employer	
Work Address	
Work Phone Number	

**IMPORTANT ITEMS**

Family Care Plan (DND)	Location:
Medical Records	Location:
Passports for all Family Members	Location:
Will & Legal Documentation	Location:
Birth Certificates	Location:
Marriage Certificates	Location:
Extra Sets of Keys	Location:
Letter of Consent for Travel (Children)	Location:

**PASSWORDS**

Home WIFI	
Cell Phone Lock Screen	
Voice Mail	
Cell Account	
Computer Password	
Streaming Services (Netflix, Crave, Prime, Disney+)	
Social Media Accounts (Facebook, Instagram, Twitter/X)	
Online Banking	
Security System Password/PIN	
Garage Door Keypad	
Front Door Keypad	

**MEDICAL NUMBERS**

Provincial Health Care Card Number(s)	
Medical Insurance Policy Number(s)	
Dental Insurance Policy Number(s)	

**MEDICAL PRACTITIONERS**

Doctor	Name: Contact Info: Type: Family Member:
Dentist	Name: Contact Info: Type: Family Member:
Optometrist	Name: Contact Info: Type: Family Member:

Pharmacy	Name: Contact Info: Type: Family Member:
Specialist	Name: Contact Info: Type: Family Member:
Other	Name: Contact Info: Type: Family Member:

### LEGAL

Attorney/Lawyer	Name: Phone: Law Firm:
Will	Up to Date: __ yes __ no Original Location: Copy Location:
Power of Attorney	Up to Date: __ yes __ no Original Location: Copy Location:
Legal Guardianship	Up to Date: __ yes __ no Location:
Life Insurance	Provider Name: Contact Info:  Policy Number:

### INSURANCE

Automobile	Provider Name: Contact Info:  Policy Number: Website: Password: Payment Amount: Due Date:
Property/Rental	Provider Name: Contact Info:  Policy Number: Website: Password: Payment Amount: Due Date:

Medical	Provider Name: Contact Info:  Policy Number: Website: Password: Payment Amount: Due Date:
Dental	Provider Name: Contact Info:  Policy Number: Website: Password: Payment Amount: Due Date:
Life	Provider Name: Contact Info:  Policy Number: Website: Password: Payment Amount: Due Date:
Other	Provider Name: Contact Info:  Policy Number: Website: Password: Payment Amount: Due Date:

**HOME & BANKING**

Mortgage/Rent	Company: Acct. Number: PIN: Phone: Due Date: Amount:
Electric	Company: Acct. Number: PIN: Phone: Due Date: Amount:

Natural Gas	Company: Acct. Number: PIN: Phone: Due Date: Amount:
Water/Sewer	Company: Acct. Number: PIN: Phone: Due Date: Amount:
Cell Phone	Company: Acct. Number: PIN: Phone: Due Date: Amount:
Home Phone	Company: Acct. Number: PIN: Phone: Due Date: Amount:
Cable/Internet	Company: Acct. Number: PIN: Phone: Due Date: Amount:
Car Payment	Company: Acct. Number: PIN: Phone: Due Date: Amount:
Childcare	Company: Acct. Number: PIN: Phone: Due Date: Amount:
Pet Care	Company: Acct. Number: PIN: Phone: Due Date: Amount:

Property Tax	Company: Acct. Number: PIN: Phone: Due Date: Amount:
Home Insurance	Company: Acct. Number: PIN: Phone: Due Date: Amount:
Car Insurance	Company: Acct. Number: PIN: Phone: Due Date: Amount:
Credit Card 1	Company: Acct. Number: PIN: Phone: Due Date: Amount:
Credit Card 2	Company: Acct. Number: PIN: Phone: Due Date: Amount:
Line of Credit	Company: Acct. Number: PIN: Phone: Due Date: Amount:
Bank Account 1	Company: Acct. Number: PIN: Phone: Due Date: Amount:
Bank Account 2	Company: Acct. Number: PIN: Phone: Due Date: Amount:

RRSP	Company: Acct. Number: PIN: Phone: Due Date: Amount:
TFSA	Company: Acct. Number: PIN: Phone: Due Date: Amount:
Investment	Company: Acct. Number: PIN: Phone: Due Date: Amount:
Debt Payment	Company: Acct. Number: PIN: Phone: Due Date: Amount:
Life Insurance	Company: Acct. Number: PIN: Phone: Due Date: Amount:

**MAINTENANCE & SERVICES**

Plumbing	Name: Phone: Website: Business Hours:
Electrical	Name: Phone: Website: Business Hours:
Contractor	Name: Phone: Website: Business Hours:
Landscaping	Name: Phone: Website: Business Hours:

Lawn Mowing	Name: Phone: Website: Business Hours:
Snow Removal	Name: Phone: Website: Business Hours:
Computer Repair	Name: Phone: Website: Business Hours:
Appliances Repair	Name: Phone: Website: Business Hours:
Exterminator	Name: Phone: Website: Business Hours:
House Cleaner	Name: Phone: Website: Business Hours:
Home Phone	Name: Phone: Website: Business Hours:
Cell Phone	Name: Phone: Website: Business Hours:
Internet	Name: Phone: Website: Business Hours:
Cable/TV	Name: Phone: Website: Business Hours:
Water/Sewage	Name: Phone: Website: Business Hours:
Gas/Heat	Name: Phone: Website: Business Hours:

Gas Line Inspection	Name: Phone: Last Inspection Date: Next Inspection Date:
Power	Name: Phone: Website: Business Hours:
Alarm System	Name: Phone: Website: Business Hours:
Auto Mechanic	Name: Phone: Website: Business Hours:

**VEHICLE INFORMATION & MAINTENANCE**

Vehicle 1	Make: Model: Year: Plate Number: Fuel Type: VIN: License and Registration Dates:  Estimated Value: Emergency Roadside Member Number:  Emergency Roadside Contact Information:  Mileage of Next Oil Change: Tire Change Plan:
Vehicle 2	Make: Model: Year: Plate Number: Fuel Type: VIN: License and Registration Dates:  Estimated Value: Emergency Roadside Member Number:  Emergency Roadside Contact Information:  Mileage of Next Oil Change: Tire Change Plan:

Vehicle 3	<p>Make:  Model:  Year:  Plate Number:  Fuel Type:  VIN:  License and Registration Dates:</p> <p>Estimated Value:  Emergency Roadside Member Number:</p> <p>Emergency Roadside Contact Information:</p> <p>Mileage of Next Oil Change:  Tire Change Plan:</p>
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**PET CARE PLAN**

Pet 1	<p>Name:  Breed/Colour/Markings:</p> <p>Tattoo/Micro-Chip #:  Tag Info:  Feed Instructions:</p> <p>Medications:  Veterinarian:  Important Information:</p>
Pet 2	<p>Name:  Breed/Colour/Markings:</p> <p>Tattoo/Micro-Chip #:  Tag Info:  Feed Instructions:</p> <p>Medications:  Veterinarian:  Important Information:</p>
Pet 3	<p>Name:  Breed/Colour/Markings:</p> <p>Tattoo/Micro-Chip #:  Tag Info:  Feed Instructions:</p> <p>Medications:  Veterinarian:  Important Information:</p>