

Military Member Information

First Name		Last Name		Service Number	Pronouns
Rank		Unit		Email	Phone
Address		City		Province	Postal Code
CAF Status					
Reg Force		Attaché			
Reserve		Veteran			
Imp. Restr.		Medical Release			
If applicable, Release Date					

Primary Contact Information

First Name		Last Name		Service Number	Pronouns
Rank		Unit		Email	Telephone
Address		City		Province	Postal Code
CAF Status (check applicable)				Relationship to Member	
Reg Force		Attaché		Spouse/Partner	
Reserve		Veteran		Parent	
Imp. Restr.		Medical Release		Relative	
If applicable, Release Date				Bereaved Family	
				Other	

Dependent Information

First Name	Last Name	DOB (DD/MM/YY)

Comments/ Additional Remarks