

# CSMFRC FAMILY INFORMATION FORM

## COMPLETE FORM & RETURN



17 Wing Detachment Dundurn,  
Dundurn, SK, S0K 1K0



**VETERANS & FAMILIES**  
**FAMILLES & VÉTÉRANS**

### CAF MEMBER INFORMATION

Surname/ Nom	Given Name(s)/ Prénom(s)	Rank/Grade	COS Date to AOR
Preferred Name/ Nom préféré (if different then given)		Preferred Pronouns / Pronoms préférés (Optional)	
Unique Identifier (first letter of last name and last 3 digits of service number)			Unit & Section/ Unit & Section
Street Address / Adresse	City / Ville	Province	Postal Code / Code Postal
<input type="checkbox"/> Cell Phone/Téléphone mobile <input type="checkbox"/> Phone (Work) / Téléphone (bureau) <input type="checkbox"/> Home phone / Téléphone résidentiel			
Email (Personal)			
<input type="checkbox"/> I have read and signed the Privacy Notice & Consent Statement Form (attached to Family Information Form)			
<input type="checkbox"/> CSMFRC Distribution List Opt-In / Inscription à la liste de diffusion du CRFMCS I would like to be included on the CSMFRC Distribution List. The email address provided above will be added.			

### FAMILY CONTACT INFORMATION / COORDONNÉES DES PROCHES

<input type="checkbox"/> Spouse / Époux(se) <input type="checkbox"/> Parent / Parent <input type="checkbox"/> Relative / Parent éloigné <input type="checkbox"/> Other / Autre			
Name/ Nom		Preferred Pronouns / Pronoms préférés (Optional)	
Street Address / Adresse	City / Ville	Province	Postal Code / Code Postal
<input type="checkbox"/> Cell Phone/Téléphone mobile <input type="checkbox"/> Phone (Work) / Téléphone (bureau) <input type="checkbox"/> Home phone / Téléphone résidentiel			
Email (Personal)			
<input type="checkbox"/> CSMFRC Distribution List Opt-In / Inscription à la liste de diffusion du CRFMCS I would like to include my spouses', parent, relative or other email to the CSMFRC Distribution List.			

### DEPENDENT INFORMATION / RENSEIGNEMENTS SUR LES PERSONNES À CHARGE

Name/Nom	Name/Nom
DOB/DDN	DOB/DDN
Name/Nom	Name/Nom
DOB/DDN	DOB/DDN
<input type="checkbox"/> I agree to allow my photo and/or family photos to be taken and reproduced by CSMFRC in promotional materials, social media and website.	

CAF member Signature \_\_\_\_\_

ARV Updated \_\_\_\_\_

Date \_\_\_\_\_

ARV Updated \_\_\_\_\_

The CSMFRC Inc. strictly adheres to the Privacy Code for Military Family Resource Centres. The above information is being collected for the sole purpose of contacting families at the time of postings and deployments, to inform families about MFRC events and services, and to plan and evaluate MFRC services. All personal information shall not be used or disclosed for purposes other than those for which it was collected, except with the consent of the individual or as required by law. NOTE: A full copy of the Privacy Code for MFRCs is available at the CSMFRC Inc. office.