



Military Family Resource Center

Welcome form

SN: _____ Rank: _____ First Name: _____ Last Name: _____

No: _____ Street: _____ #apt. _____ City : _____

Postal code: _____ Prov : _____ E-mail at work: _____

Phone: Cell: (____) _____ work: (____) _____ ext: _____
 St-Jean: (450) 358-7099

Home: (____) _____

Regular Force Reserve / Female Male / French English

Unit: _____ # _____ Arrival Date: _____

Single Married Common law Separated Divorced

Which region are you arriving from? _____

Are you on imposed restriction? Yes No Are you on a course? Yes No

Family - Spouse **Next of Kin** **Mother** **Father** **Sister** **Brother**

First Name: _____ Last Name: _____

Address: as above If different: _____

French English Female Male

Home e-mail address: _____

I authorize the MFRC to send information at this e-mail address: yes no in french in english

Phone: Cell: (____) _____ Home: (____) _____

Work: (____) _____ ext: _____

Is your spouse: Civilian Military Rank: _____ Service No.: _____

Regular force Reserve

Children

Last name,	First name	Date of birth (d / m / y)	Age	Gender	Language	Lives with you Same address
_____	_____	_____	_____	F <input type="checkbox"/> M <input type="checkbox"/>	Fren <input type="checkbox"/> Eng <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	F <input type="checkbox"/> M <input type="checkbox"/>	Fren <input type="checkbox"/> Eng <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	F <input type="checkbox"/> M <input type="checkbox"/>	Fren <input type="checkbox"/> Eng <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	F <input type="checkbox"/> M <input type="checkbox"/>	Fren <input type="checkbox"/> Eng <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	F <input type="checkbox"/> M <input type="checkbox"/>	Fren <input type="checkbox"/> Eng <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Date of arrival of your family in the Mtl region? ____/____/20____

The above information will be used only to send your family information about our programs, services and activities. This information is protected by the Protection of Personnel Information Privacy Code so you can be assured that all will be kept confidential. You have the right to access your information at anytime, to have it amended or to have your name taken off of our mailing list.

Signature: _____ Date: _____

This part is for the MFRC's personnel use only

St-Hubert	St-Jean	Courtesy call	Newsletter	Data base
			YES / NO	

Mise à jour: Avril 2019