



Military Family Resource Center

Departure form

Military service number: _____ **Rank:** _____

First name: _____ **Last name:** _____

Town where you are working NOW: _____

Reason for leaving: Posting Date: _____ Where (town): _____
 Retirement Date: _____
 Imposed restriction Was Will be
 Medical release Date: _____

ONLY if medical released, please complete the reverse side

Civil status: Single Separated Common law Married Divorced Other: _____

Is your spouse & children live here with you now? Yes No

 If yes, is your family moving with you? Yes No

Confirm your family's address if they remain in the region:

Income tax: RL-24 Slip: Did you use the drop-in daycare service? Yes No

***only if yes,** new address: _____
 Town: _____
 Province: _____ Postal Code _____

	You are using the service for this year.	Yes	No
Children			
Last name, First name	Age	* Is moving with me	
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Evaluation

Comments and suggestions about our programs and services

Have you used resources from the MFRC or participated in one of our activities? Yes No

Do you find our advertised efficient? Yes No

Do you have any suggestions so we could improve the Centre?

Thank you for your collaboration!

St-Jean	Data base

Section reserved for medical release only

Contact information:

Address: _____ App: _____
City: _____ Postal code: _____

Phone number: _____ Cellular: _____
Email: _____

Language spoken:

French
 English

Your spouse's contact information:

Name: _____ Last name: _____

Idem

Address: _____ App: _____
City: _____ Postal code: _____

Phone number: _____ Cellular: _____
Email: _____

Language spoken:

French
 English

Do you give us permission to contact your spouse to explain our services?

Yes
 No

Children:

Name	Age
_____	_____
_____	_____
_____	_____
_____	_____