



Information form - DAG

(Write in capitals letters)

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

No: _____ Street: _____ App# _____ Town: _____

Prov: _____ Postal Code: _____ Telephone: Home: (____) _____

Cellular: (____) _____

Gender: Feminine Masculine

Spoken Language: French English

Military Status: Regular Reserve

Civil status: Single Married Common law Separated Divorced

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

Email: _____

Family - Spouse Next of Kin Mother Father Sister Brother

First Name: _____ Last Name: _____

Address: as above if different: _____

Home e-mail address: _____

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

Work: (____) _____ ext: _____

Is your spouse/next of kin?

Gender: Feminine Masculine

Language: French English

Military Status: 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 region? _____

Would you like to receive our monthly newsletter? _____

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 any time, to have it amended or to have your name taken off of our mailing list.

Signature: _____ Date: _____

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