



Departure form

Service number:	Rank:									
First name:	Last name:									
Town where you are working NOW:										
Departure date:										
<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Reason for leaving:</td> <td style="border: none;">Posting</td> <td style="border: none;">New garrison:</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Retirement</td> <td style="border: none;">Imposed restriction (will be):</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;">Medical release</td> <td style="border: none;"></td> </tr> </table>		Reason for leaving:	Posting	New garrison:		Retirement	Imposed restriction (will be):		Medical release	
Reason for leaving:	Posting	New garrison:								
	Retirement	Imposed restriction (will be):								
	Medical release									
ONLY if medical released, please complete the reverse side										
Civil status: Single Married/Common law										
Are your spouse and children staying here? Yes No Not applicable										
Confirm your family's address if they remain in the region:										

Income tax: RL-24 Slip: (Only if you used the drop-in daycare service in the last year)

New address:	
Town:	
Province:	Postal Code
Children (who have frequented the daycare service)	
Last name, First name	Age

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!		

This information will be used to remove or update your information in our database. In the event of a medical release, this information may also be used for the Veteran Family Program coordinator to contact you.

Signature:

Date:

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

St-Jean	Data base

Updated July 2024