



## Departure form

<b>Service number:</b>	<b>Rank:</b>
<b>First name:</b>	<b>Last name:</b>
<b>Town where you are working NOW:</b>	
<b>Departure date:</b>	
<b>Reason for leaving:</b>	Posting to: Retirement / Voluntary Release Medical release*
<b>Imposed restriction:</b>	
<b>*ONLY if medical released, please complete the reverse side*</b>	
<b>Civil status:</b>	Single          Married/Common law
Are your spouse and children moving out with you?	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
<b>Children (who have frequented the daycare service)</b>	
Last name, First name	Age

## Evaluation

<b>Comments and suggestions about our programs and services</b>		
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