



Military Family Resource Center

Departure form

Military service number: _____		Rank: _____	
First name: _____		Last name: _____	
Town where you are working now : _____			
Reason for leaving: <input type="checkbox"/> Posting Date: _____ Where (town): _____ <input type="checkbox"/> Retirement Date: _____ <input type="checkbox"/> Imposed restriction <input type="checkbox"/> Was <input type="checkbox"/> Will be <input type="checkbox"/> Medical release Date: _____ *ONLY if medical released, please complete the reverse side*			
Civil status: Single <input type="checkbox"/> Separated <input type="checkbox"/> Common law <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other: _____			
Is your spouse & children live here with you now? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, is your family moving with you? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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 <input type="checkbox"/> No <input type="checkbox"/>			
*only if yes, new address: _____ Town: _____ Province: _____ Postal Code _____			
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 <input type="checkbox"/> No <input type="checkbox"/>
Do you find our advertised efficient?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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
_____	_____
_____	_____
_____	_____
_____	_____