

Family Information Form

Note: This form is used to update your personal information with your local MFRC. Ideally this form is to be completed yearly and then again prior to any work related separation. Once completed this form is to be submitted to your MFRC.

1. Particulars of CF Member			
Service # <small>(letter & last 3 digits)</small>	Rank	Surname	Given Name & Init.
Home Unit	Please check one <input type="checkbox"/> Regular Force <input type="checkbox"/> Reserve Force <input type="checkbox"/> Civilian		
Reason for Work Related Separation	Please check one <input type="checkbox"/> Deployment <input type="checkbox"/> Course/Training <input type="checkbox"/> Imposed Restriction		
Work Related Separation Information	Dates	Location	
Children's names and birthdates			
Who will be the Primary Care giver of the children while you are away?			
			Please check one <input type="checkbox"/> Primary Contact 1 <input type="checkbox"/> Primary Contact 2

2. Deployment Support	
If contact lives outside of the local area, would you like this form shared with their nearest MFRC? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Primary Contact (1)	
Full Name:	
Relationship	Language
<input type="checkbox"/> Spouse <input type="checkbox"/> Partner <input type="checkbox"/> Parent <input type="checkbox"/> Friend <input type="checkbox"/> Other	<input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____
Complete Mailing Address (of contact)	
Home Phone Number (of contact)	Cell Number (of contact)
Work Number (of contact)	Email Address (of contact)
()	
Would this contact like to be added to Family Network email? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The SIT service provides information on resources, events and activities provided by the MFRC, the community and operational updates when available from the Command Team.	
Would this contact like to be registered for our monthly "Staying in Touch Service" (only when member is deployed)?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Email <input type="checkbox"/> Phone	
3. General MFRC	
Would this contact be interested in receiving the Quarterly MFRC / PSP Activity Guide? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Would this contact like to receive monthly MFRC updates via email? <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Deployment Support

If contact lives outside of the local area, would you like this form shared with their nearest MFRC? Yes No

Primary Contact (2)

Full Name:

Relationship

Spouse Partner Parent Friend
 Other

Language

English French Other: _____

Complete Mailing Address (of contact)

Home Phone Number (of contact)

()

Cell Number (of contact)

()

Work Number (of contact)

()

Email Address (of contact)

Would this contact added to Family Network email? Yes No

The SIT service provides information on resources, events and activities provided by the MFRC, the community and operational updates when available from the Command Team.

Would this contact like to be registered for our monthly "Staying in Touch Service" (only when member is deployed)?

Yes No Email Phone

3. General MFRC

Would this contact be interested in receiving the Quarterly MFRC / PSP Activity Guide? Yes No

Would this contact like to receive monthly MFRC updates via email? Yes No

Do you have a dependent or family member who may need additional support while you are away? (i.e. health concerns, pregnancy, or diverse abilities) Yes No

If yes, would you like support in developing a deployment plan? Yes No

Privacy Disclaimer

The information on this form will be kept confidential and used only for the purpose for which it is collected within the Military Family Resource Centre (MFRC). The MFRC adheres to the *Privacy Act*. I understand this information will be shared with my Unit's Family Network.

Signature: _____

Print full name _____

Date (DD/MMM/YY): _____

For Office Use Only

Date Received:		Family Network Contacted:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Entered into Database:	
				Entered By:	

Forwarded to another MFRC? Yes No Location : _____

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