



Family Information Form



Note: This form is to be completed by CF personnel (Reg/Res) and Civilian employees prior to any time away. Once completed this form is to be submitted to the DSC/MFRC

1. Particulars of CF Member			
Service Number	Rank	Surname	Given Name & Init.
Home Unit Name		Home Unit Location	Trade
Training Information (This section is to be completed for those anticipating a work related separation due to course or training)		Training Dates	Training Location
Deployment Information (This section is to be completed for those anticipating a work related separation due to a deployment)		Deployment Dates	Deployment Location
Mounting Base		Please check one	
Deploying Unit		<input type="checkbox"/> Regular Force	<input type="checkbox"/> Reserve Force <input type="checkbox"/> Civilian
Are you currently on Imposed Restriction?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Your Current Home Address		City/Province	Postal Code
Mailing Address (If different from above)		City/Province	Postal Code
Home Phone Number		Cell Phone Number	Work Phone Number
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Children's names and birthdates			

Special Considerations that your loved ones may have while away (e.g. Pregnancy, Disability or any other special needs)

<p>Privacy Disclaimer The information on this form will be kept confidential and used only for the purpose for which it is collected within the Deployment Support Centre's (DSC), the Military Family Resource Centre's (MFRC) and Unit. The DSC and MFRC adhere to the <i>Privacy Act</i>. I understand this information will be shared with DSG/DSC/MFRC/Units.</p> <p>Member's Signature: _____</p> <p>Date (D/M/Y): _____</p>
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