



FAMILY INFORMATION FORM

Military Member Information

First Name	Last Name	Service Number - last 3 digits	Pronouns
Rank	Unit	Email	Phone
Address	City	Province	Postal Code
CAF Status			
Reg Force		Attaché	
Reserve		Veteran	
Imp. Restr.		Medical Release	
If applicable, Release Date			

Other Adult Family Member* Contact Information

First Name	Last Name	Service Number - last 3 digits	Pronouns		
Rank	Unit	Email	Telephone		
Address	City	Province	Postal Code		
CAF Status (check if applicable)		*Relationship to Member			
Reg Force		Attaché		Spouse/Partner	
Reserve		Veteran		Parent	
Imp. Restr.		Medical Release		Relative	
If applicable, Release Date				Bereaved Family	
				Other	

The purpose of this form is to collect information on families or individuals who need or may wish to receive specific services or information from Military Family Services (MFS). Information will be kept confidential as per our privacy code policy.

Version 2025



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Dependent Information

First Name	Last Name	DOB (YY/MM/DD)

Comments / Additional Remarks

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