



Military Family Resource Centre

Centre de ressource pour les familles militaire

MILITARY FAMILIES WILL THRIVE • LES FAMILLES DES MILITAIRES S'ÉPANOUIRONT

19 Wing Fitness and Community Centre • Bldg 244, 1575 Military Row • PO BOX 310 Lazo, BC V0R2K0
Phone: (250)339-8290 • Toll-Free: (888)246-0222 • Fax: (250)339-8199 • www.CAFconnection.ca • www.connectionFAC.ca

PROTECTED "A" WHEN COMPLETED

Work-Related Absence/Deployment Family Information Form

Military Member's Information			
Rank:	First Name:	Last Name:	Last 3 digits of Service Number:
Phone:		Email:	

The Comox MFRC will reach out to the contact(s) below to inform them of MFRC events, services, and programs.

Partner / Family Contact	
CONTACT 1	CONTACT 2
First Name:	First Name:
Last Name:	Last Name:
Email:	Email:
Relationship to member (partner, parent, friend, etc.):	Relationship to member (partner, parent, friend, etc.):
Preferred language of service: English <input type="checkbox"/> French <input type="checkbox"/>	Preferred language of service: English <input type="checkbox"/> French <input type="checkbox"/>
Primary phone (if no email):	Primary phone (if no email):

Deployment Information	
Operation:	Location <u>and</u> Camp (deployment/tasking):
Estimated Departure date:	Estimated Return date:
Will you be away for (pre-deployment) training? If yes, indicate the location:	
Estimated Training start date:	Estimated Training end date:

Child / Children's Information		
First Name	Last Name	Age

Please Review the Privacy Notice and Consent Statement Form

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FOR OFFICE USE ONLY. *To be completed by Comox MFRC staff person accepting the form.*

Privacy Notice and Consent Statement Signed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Stamp of Completion:
Military Member debriefed on MFRC services & programs <input type="checkbox"/> Yes <input type="checkbox"/> No	
Military Member Given Deployment Paperwork Package <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	
Staff Signature: _____	Date: _____
Family Connection Email sent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Email: