

Veterans Affairs Canada/Canadian Forces Beneficiaries Registration

Who is completing the form? _____

Information About the Amputee

First name _____ Middle name(s) _____ Last name _____
Other last name(s) previously used (optional) _____ **Language preference:** English French
Date of birth: _____ Gender: _____
Phone number _____ day/month/year
Address _____
City _____ Province _____ Postal code _____ Email _____

Amputation Information

Date of amputation: _____ day/month/year **Cause of amputation:** _____
(e.g., diabetes, motor vehicle accident, etc.)
Type of amputation: _____ Left Right Bilateral
(e.g., above or below knee, hip, above or below elbow, hand, etc.)
Additional amputation details: _____
(for partial foot/hand, etc.)
Second amputation, if applicable:
Date of amputation: _____ day/month/year **Cause of amputation:** _____
(e.g., diabetes, motor vehicle accident, etc.)
Type of amputation: _____ Left Right Bilateral
(e.g., above or below knee, hip, above or below elbow, hand, etc.)
Additional amputation details: _____
(for partial foot/hand, etc.)

Prosthetic Centre Information

Name, address and phone number:

File number: _____ **Service number:** _____
Regiment: _____ **Rank:** _____

How did you learn about The War Amps services for amputees? _____

Applicant's signature _____ Date (day/month/year) _____