

INFORMATION CHECKLIST

PERSONAL INFORMATION		
Name:		First Name:
Address:		Postal Code:
Home Phone:	Office Phone:	Cellular:
SIN:		Date of birth Year: Month: Day:
Marital status: ☐ Single ☐ Married	☐ Divorced	☐ Separated ☐ Common Law ☐ Widowed
Province of residence:	Email address:	
Residence: Owner Rental	Electoral list: ☐ Yes	□ No Living alone: □ Yes □ No
SPOUGAL INFORMATION		
SPOUSAL INFORMATION		First Name:
Name: Address: □ Same or		Postal Code:
Office Phone:		Cellular:
SIN:		
Email address:		Date of birth Year: Month: Day:
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CHILDREN		
Name:		First Name:
Date of birth Year: Month:	Day:	SIN:
School:		
Name:		First Name:
Date of birth Year: Month:	Day:	SIN:
School:	•	
		First Name.
Name:	D.:	First Name:
Date of birth Year: Month:	Day:	SIN:
School:		
OTHER INFORMATION WHICH W	OULD HELP US SE	RVE YOU BETTER

(MSA-PersonalInfo V. 2018-08)