



Registration Form

Veterans Affairs Canada/Canadian Armed Forces Beneficiaries

Applicant's Information

 Last name First name Middle name(s)

 Other last name(s) previously used (optional) **Language of preference:** English French

Date of birth: _____ **Gender:** _____
 Telephone number day/month/year

 Unit/Suite/Apt Street number Street name PO box Rural route

 City/Town Province Postal code Email address

Amputation Information

Date of amputation: _____ **Cause of amputation:** _____
 day/month/year (e.g., diabetes, motor vehicle accident, etc.)

Level 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.)

If more than one amputation:

Date of amputation: _____ **Cause of amputation:** _____
 day/month/year (e.g., diabetes, motor vehicle accident, etc.)

Level 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.)

File number: _____ **Service number:** _____

 Applicant's signature Date day/month/year

Prosthetic Centre Information

Name, address and telephone number

The information collected by The War Amps is for the purpose of funding your needs and providing you with the services you have requested. The War Amps is committed to protecting the privacy of your personal information.

Please return your completed form to the National Amputee Centre.