

THE WAR AMPUTATIONS OF CANADA

SERVICE BUREAU APPOINTMENT OF REPRESENTATIVE FORM

I hereby appoint the NATIONAL SERVICE BUREAU of The War Amputations of Canada to represent me in all matters pertaining to any service or benefits provided by legislation or otherwise available from Veterans Affairs Canada, the Veterans Review and Appeal Board and the National Personnel Records Centre of Public Archives Canada; and authorize the NATIONAL SERVICE BUREAU of The War Amputations of Canada as follows:

1. To make such representation on my behalf as may be considered advisable and necessary; and
2. To inspect my records in the above-named government Institutions, including my Service Record; and
3. To receive all information, medical and otherwise, necessary to their efforts on my behalf.

This appointment and authorization is valid until such time as I withdraw in writing to any or all of the government institutions named in the Appointment of Representative Form.

FILE NO.: _____ SERVICE NO.: _____

RANK: _____

NAME IN FULL: _____
(Please print: Surname first)

SIGNATURE: _____

DATE: _____

TO: The War Amputations of Canada
National Service Bureau
2827 Riverside Drive
OTTAWA, ON K1V 0C4

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Revised: June 1999

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