



Veterans Affairs Canada/Canadian Armed 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 of preference:** English French

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

Address _____

City _____ Province _____ Postal code _____ Email _____

Amputation Information

Date of amputation: _____ **Cause of amputation:** _____
day/month/year (e.g., military service, 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.)

If more than one amputation:

Date of amputation: _____ **Cause of amputation:** _____
day/month/year (e.g., military service, 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 telephone 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) _____