

# 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) \_\_\_\_\_