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Family name	Given name(s)	Date of birth (yyyy-mm-dd)
Address		
Service dates (yyyy-mm-dd)		
Served from	_____ to _____ (yyyy-mm-dd) (yyyy-mm-dd)	
from	_____ to _____ (yyyy-mm-dd) (yyyy-mm-dd)	

I hereby give permission for a representative of the Department of Veterans Affairs to have access to my service records currently held at:

Library and Archives Canada
395 Wellington Street
Ottawa, ON K1A 0N4

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Client/applicant's signature	Date (yyyy-mm-dd)
Home telephone No.	Business telephone No.